

City of Fond du Lac  
Insurance Benefits  
2022



M3 INSURANCE » 800.272.2443 » [www.m3ins.com](http://www.m3ins.com)

# City of Fond du Lac 2022 Benefits

---

## Table of Contents

SBC.....	Tab 1
<ul style="list-style-type: none"><li>• City of Fond du Lac SBC 1-1-2022</li></ul>	
Auxiant, HPS & Teladoc.....	Tab 2
<ul style="list-style-type: none"><li>• Auxiant Flyer</li><li>• HPS Guide and Benefits</li><li>• Teladoc</li></ul>	
CVS.....	Tab 3
<ul style="list-style-type: none"><li>• Open Enrollment - Welcome to CVS Caremark</li><li>• Open Enrollment - Generic Medication</li><li>• Open Enrollment – Specialty</li><li>• Open Enrollment - Rx Delivery by Mail</li><li>• CVS Caremark Open Enrollment - Mobile App</li></ul>	
Novo.....	Tab 4
<ul style="list-style-type: none"><li>• NOVO Health Videos</li><li>• NOVO Education</li><li>• NOVO Physician List</li></ul>	
Auxiant Flexible Spending Account.....	Tab 5
<ul style="list-style-type: none"><li>• Flex Welcome Packet 2022</li><li>• How Flex Spending Works</li><li>• Auxiant Consumer Accounts Instructions</li><li>• City of Fond du Lac Enrollment Form w Rollover w maximum 2022 – Fillable</li><li>• 2022 Annual Standing Request Form for Dependent Care – Fillable</li><li>• Flex Claim Form – Fillable</li><li>• Expense Planning Worksheet – Fillable</li><li>• Direct Deposit Form Final – Fillable</li></ul>	
Dental Insurance.....	Tab 6
<ul style="list-style-type: none"><li>• Delta Dental &amp; Care Plus Comparison</li><li>• Amplifon Program Overview Flyer</li></ul>	

---

---

Vision Insurance .....Tab 7

- Delta Dental Vision Enrollment Guide
- Delta Dental Vol Vision SOB 1.1.2022

Rates & Enrollment Forms .....Tab 8

- 2022 Open Enrollment Instructions - Highlights – Premiums
- City of Fond du Lac 2022 Elections – Fillable

M3 Annual Notices .....Tab 9

- HIPAA Notices of Privacy Practices
  - Annual Notices
  - COBRA Initial Notice
  - CHIPRA Model Notice
  - Medicare Part D - Creditable Coverage Letter 2022
-



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage visit, [www.Auxiant.com](http://www.Auxiant.com) or call 1-(800)-245-0533. For general definitions of common terms, such as allowed amount, balance billing, Coinsurance, Co-Payment, Deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.Auxiant.com](http://www.Auxiant.com) or call 1-(800)-245-0533 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>Deductible</u> ?	<u>Network</u> : \$1,000/Individual or \$2,000/Family per Calendar Year <u>Out-of-Network</u> : \$2,000/Individual or \$4,000/Family per Calendar Year	Generally, you must pay all of the costs from <u>providers</u> up to the <u>Deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , they have to meet their own individual <u>Deductible</u> until the overall family <u>Deductible</u> amount has been met. <u>Network/Out-of-Network Deductibles</u> do not cross-satisfy one another. Any other benefit maximums cross-satisfy one another.
Are there services covered before you meet your <u>Deductible</u> ?	Yes: <u>Network</u> preventive care, pre-admission testing, and certain services through Agnesian Corporate Clinic.	This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>Deductible</u> amount. But a <u>Co-Payment</u> or <u>Coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without cost-sharing and before you meet your <u>Deductible</u> . See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <u>Deductibles</u> for specific services?	No.	You don't have to meet <u>Deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	<u>For Deductible, Coinsurance and Medical Co-Payments:</u> <u>Network</u> : \$3,000/Individual or \$6,000/Family per Calendar Year <u>Out-of-Network</u> : \$6,000/Individual or \$12,000/Family per Calendar Year  <u>For Prescription Drug Co-Payments:</u> <u>Network</u> : \$3,600/Individual or \$7,200/Family per Calendar Year <u>Out-of-Network</u> : N/A	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limit</u> until the overall family <u>out-of-pocket limit</u> has been met. <u>Network/Out-of-Network out-of-pocket limits</u> do not cross-satisfy one another. Any other benefit maximums cross-satisfy one another.



Important Questions	Answers	Why This Matters:
What is not included in the <u>out-of-pocket limit</u> ?	Cost containment penalties, ineligible charges, amounts over the <u>usual, reasonable &amp; customary</u> , <u>premiums</u> , <u>balanced-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>Network provider</u> ?	Yes, see the back of your ID card for more information.	This <u>plan</u> uses a <u>provider Network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's Network</u> . You will pay the most if you use an <u>Out-of-Network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (a <u>balance bill</u> ). Be aware, your <u>Network provider</u> might use an <u>Out-of-Network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No. you do not need a referral to see a <u>specialist</u> .	You can see the <u>specialist</u> you choose without a referral.



All Co-Payment and Coinsurance costs shown in this chart are after your Deductible has been met, if a Deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	-----none-----
	<u>Specialist</u> visit	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Included chiropractic care. Subject to review for medical necessity after 25 visits.
	<u>Preventive care</u> /screening/Immunization	No Charge	40% <u>Coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for. Mammograms, pap smears and prostate screening limited to 1 per Calendar Year. Includes well child blood lead tests to age 6.
If you have a test	Diagnostic test (x-ray, blood work)	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	-----none-----
	Imaging (CT/PET scans, MRIs)	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	-----none-----

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at: <a href="http://www.caremark.com">www.caremark.com</a></p>	Generic drugs	\$10 <u>Co-Payment</u> (30-day Retail); \$30 <u>Co-Payment</u> (90-day Retail); \$20 <u>Co-Payment</u> (Mail Order)	N/A	30 day or 90-day supply (Retail); 90-day supply (Mail Order).  <u>Deductible</u> does not apply.  No <u>Co-Payment</u> for generic prescriptions mandated by the Affordable Care Act (ACA), including but not limited to tobacco cessation medications and generic women's contraceptives.
	Preferred Brand name drugs	\$30 <u>Co-Payment</u> (30-day Retail); \$90 <u>Co-Payment</u> (90-day Retail); \$60 <u>Co-Payment</u> (Mail Order)	N/A	
	Non-Preferred brand name drugs	\$60 <u>Co-Payment</u> (30-day Retail); \$180 <u>Co-Payment</u> (90-day Retail); \$120 <u>Co-Payment</u> (Mail Order)	N/A	
	Specialty drugs	Paid same as Retail tiers	N/A	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	-----none-----
	Physician/surgeon fees	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	-----none-----

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	\$250 <u>Co-Payment</u> , then 10% <u>Coinsurance</u>	Paid at <u>Network</u> level	<u>Co-Payment</u> waived if admitted. <u>Co-Payment</u> does not apply to physician services.
	<u>Emergency medical transportation</u>	10% <u>Coinsurance</u>	Paid at <u>Network</u> level	-----none-----
	<u>Urgent care</u>	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification will result in a reduction in benefits by 25%.
	Physician/surgeon fees	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	-----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Emergency Room, Urgent Care, Office evaluation & management, Office counseling, and Lab/X-ray fees are paid same as any other Illness.
	Inpatient services	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification will result in a reduction in benefits by 25%.
If you are pregnant	Office visits	Paid same as any other Illness	Paid same as any other Illness	Depending on the type of services, a <u>Coinsurance</u> or <u>Deductible</u> may apply. Maternity care may include tests described elsewhere in the SBC (i.e. ultrasound). Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification may result in a reduction in benefits by 25%. Home births not covered.
	Childbirth/delivery professional services	Paid same as any other Illness	Paid same as any other Illness	
	Childbirth/delivery facility services	Paid same as any other Illness	Paid same as any other Illness	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Limited to 40 visits per Calendar Year. Pre-authorization recommended.
	<u>Rehabilitation services</u>	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Includes Speech Therapy, Physical Therapy, and Occupational Therapy. Subject to review for medical necessity after 25 visits.
	<u>Habilitation services</u>	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	
	<u>Skilled nursing care</u>	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Limited to 30 days per Confinement. Pre-certification is required for non-emergency admissions. Failure to obtain pre-certification will result in a reduction in benefits by 25%.
	<u>Durable medical equipment</u>	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	Pre-authorization is recommended for <u>Durable Medical Equipment</u> over \$1,000.
	<u>Hospice services</u>	10% <u>Coinsurance</u>	40% <u>Coinsurance</u>	-----none-----
If your child needs dental or eye care	Children's eye exam	See Preventive Care Section	40% <u>Coinsurance</u>	Routine vision exams covered to age 19.
	Children's glasses	Not Covered	Not Covered	-----none-----
	Children's dental check-up	Not Covered	Not Covered	-----none-----

### Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Cosmetic surgery</li></ul>	<ul style="list-style-type: none"><li>• Dental care (Adult)</li><li>• Infertility treatment</li><li>• Long-term care</li></ul>	<ul style="list-style-type: none"><li>• Routine Eye Care (Adult)</li><li>• Weight loss programs</li></ul>
Other Covered Services (This isn't a complete list. Check your plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"><li>• Bariatric surgery</li><li>• Chiropractic care</li></ul>	<ul style="list-style-type: none"><li>• Hearing aids</li><li>• Non-emergency care when traveling outside the U.S.</li></ul>	<ul style="list-style-type: none"><li>• Routine foot care when meet plan requirements</li><li>• Private-duty nursing</li></ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Auxiant, 2450 Rimrock Road, Ste 301, Madison, WI 53713 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

**Does this plan provide Minimum Essential Coverage?** Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards?** Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 800-245-0533.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section. -----

## About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (Deductibles, Co-Payments and Coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby (9 months of Network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>Deductible</u>	\$1,000
■ <u>Specialist</u> [cost sharing]	10%
■ Hospital (facility) [cost sharing]	10%
■ Other [cost sharing]	10%

This EXAMPLE event includes services like:  
Specialist office visits (prenatal care)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

Total Example Cost	\$12,700
--------------------	----------

In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,000
<u>Co-Payments</u>	\$10
<u>Coinsurance</u>	\$1,200
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,270

### Managing Joe's type 2 Diabetes (a year of routine Network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>Deductible</u>	\$1,000
■ <u>Specialist</u> [cost sharing]	10%
■ Hospital (facility) [cost sharing]	10%
■ Other [cost sharing]	10%

This EXAMPLE event includes services like:  
Primary care physician office visits (including disease education)  
 Diagnostic tests (blood work)  
 Prescription drugs  
Durable Medical Equipment (glucose meter)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,000
<u>Co-Payments</u>	\$900
<u>Coinsurance</u>	\$90
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$2,010

### Mia's Simple Fracture (Network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>Deductible</u>	\$1,000
■ <u>Specialist</u> [cost sharing]	10%
■ Hospital (facility) [cost sharing]	10%
■ Other [cost sharing]	10%

This EXAMPLE event includes services like:  
 Emergency room care (including medical supplies)  
 Diagnostic test (x-ray)  
Durable Medical Equipment (crutches)  
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
--------------------	---------

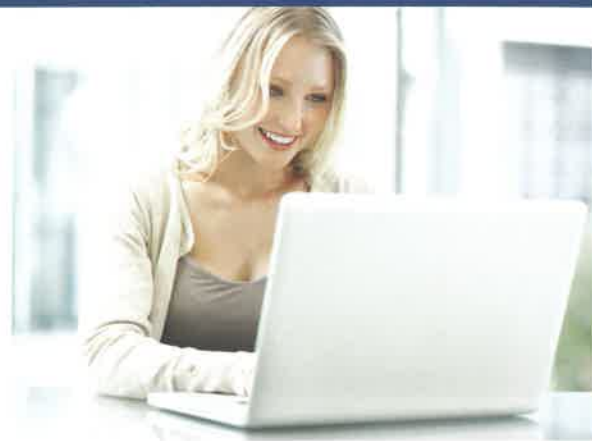
In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,000
<u>Co-Payments</u>	\$300
<u>Coinsurance</u>	\$100
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,400

The plan would be responsible for the other costs of these EXAMPLE covered services.

# AuxiantHealth

Auxiant's website, **www.auxiant.com** can provide you with online access to your personal health care account information.



Chat online with an Auxiant customer service representative – live! Click on the **Auxiant Live Chat** button at the top of the webpage.



## With AuxiantHealth, you can:

- Link to network providers
- Contact customer service – Auxiant Live Chat
- View enrollment and claim information, print EOB's, and track claims
- View deductibles and out-of-pocket amounts
- Access plan documents and amendments
- Link to Prescription Benefit Manager (PBM)
- Research health topics

## GETTING STARTED

To register on the site, use the steps listed below:

1. Go to **www.auxiant.com**.
2. Click **Register**.
3. Click **Plan Member Registration**.
4. Complete the **Member Registration Form**.  
Please have your **group number** and **member ID** available.
5. Click on the **Next** button once the fields are completed.

If you have any problems with the site, please contact **Auxiant** at **1.800.279.6772**

[www.auxiant.com](http://www.auxiant.com)

**Auxiant**  
Your Integrated Benefits Partner



## Getting More Out of Your HPS Benefits

You've been with HPS for some time now, and we want to make sure you're getting the most out of your HPS benefits. Learn more with this resource.

### The Numbers Behind the Network



There are **96** hospitals,  
**120** facilities and **23,800+**  
physicians in the HPS network



HPS has served  
**400+** employer groups  
in Wisconsin



**300,000+** individuals have  
received care through the  
HPS network

### Finding a provider

To access our provider directory, simply click on the 'Find a Provider' icon from the homepage of our member portal. You can search for a specific doctor or facility name. You may also search by a specialty coupled with the city, zip and mile radius.

*It's important to remember that provider networks occasionally change. New providers are added and some may no longer be available. It is extremely important to make sure your provider is in-network before you visit. If you have any questions, contact us.*

## HPS Online Access

The recently upgraded online member portal allows you to save time when making payments, accessing statements and searching for providers. Access the portal anytime at: <https://onlineaccess.hps.md/>

### Benefits of registering for Online Access

- ✓ Make easy payments securely via your credit card, bank account or PayPal (other payment methods coming soon!)
- ✓ Quickly access bank information in the optional online wallet
- ✓ View current and historical statements as well as additional claim-level details
- ✓ Easily search for in-network providers
- ✓ Access the Help Center 24/7 for self-help with FAQs and step-by-step instructions

### Register for Online Access

If you haven't already, setting up an Online Access account is easy. You will need:

- ✓ Group Number (from your HPS insurance card you received by mail)
- ✓ Member's Date of Birth
- ✓ Last four digits of the member's Social Security Number
- ✓ Statement Number (in the upper-right hand corner of the SuperEOB)

---

## Customer Care

### Phone tree and security questions

When you contact Customer Care, you will first be routed through a brief phone tree and asked to press certain numbers—we aren't trying to waste your time, this is simply to ensure you reach the proper department so we can provide efficient and effective service.

Upon reaching our Customer Care team, you will be asked 3 demographic questions such as date of birth or address to verify your identity. This is for your own protection and the security of your account and information.

### Call summary

Anytime you call HPS and provide us with an email address, we will email you a summary of the phone call.



## We want to know how we're doing!

When you contact us and provide us with an email, we will follow up with a short survey to help us continually improve.

**Plus, we do random gift card drawings to show our appreciation for your participation.**

## Payments

### Many ways to pay

- ✓ Online payments are extremely easy and save you time.
- ✓ Automatic payments save you the hassle – call us to get started!
- ✓ If you wish to send a check, *be sure to include the coupon from the bottom of your SuperEOB* for automated processing. This will apply your payment to your account more quickly.

### Payment plans



If you're unable to make payment in full by the due date, call 888.477.7968 to set up an interest-free payment plan.

*Don't hesitate to contact HPS to set up a payment plan.  
We work with people every day on this, and are happy to help!*

If you're on a payment plan, remember to remain in contact with us to roll new charges into your payment plan. *We cannot do this without hearing from you first.*

## Negative balance (account credit)

If you see a negative balance on your SuperEOB, **this is a credit, not an amount due** to HPS. We keep credits on your account for 60 days before sending out a refund. We do this in case you incur additional claims that require payment to us.

 <p>Health Payment Systems, Inc. PO Box 1450 Milwaukee, WI 53201-1450 Address Service Requested</p>	
<p>BILL WRIGHT 1234 SAMPLE STREET TEST WI 53202</p>	
	
<p>Account Number Statement Number Statement Period Payment Due Date</p>	<p>1234 12919652 09/12/2019-10/11/2019 11/10/2019</p>
<p><b>ACCOUNT SUMMARY</b></p>	
Previous Balance	-19.80
Less Payment (-)	0.00
Less Adjustments (-)	0.00
Subtotal (=)	-19.80
New Charges (+)	0.00
<b>Total Amount Due</b>	<b>\$-19.80</b>

## Updating Your Information

### Coordination of Benefits (COB)

If you or a family member have additional (secondary) insurance that will cover medical expenses, we need to know about this right away. HPS pays the patient portion of your claims and bills you on the back end. If secondary medical insurance is involved, that secondary insurance may cover the remaining amount you might otherwise owe.

*Contact us as quickly as possible to inform us of any changes related to your secondary insurance so we can make the changes on our side.*

### Alternative accounts

If your dependents are responsible for paying their own medical bills, we can create an Alternative Account to bill your dependent directly. Contact HPS to learn more.

### Change of address

Anytime your address changes, notify your HR team as soon as possible. This is the best way to ensure that HPS and your TPA will also receive this information.

We're here for you!

888.477.7968

[onlineaccess.hps.md](https://onlineaccess.hps.md)

# Why wait for the care you **need now?**



**Did you know there's a convenient and affordable healthcare alternative?** With Teladoc®, you can be connected with a licensed physician in minutes, not hours or days like you would at the ER, urgent care or with your PCP. And, you can get care from wherever you are: home, office or traveling.

## THE NEXT TIME YOU'RE SICK, CONSIDER YOUR OPTIONS:

### TELADOC

**Request a consult  
from work or home**

**A doctor calls you  
back in minutes**

**Get the care you need  
at a price you can afford**

**VS.**



### ER OR URGENT CARE

**Drive to the nearest  
office while sick**

**Wait hours before  
seeing the doctor**

**Pay high ER and  
urgent care fees**

## COMMON ISSUES TELADOC DOCTORS TREAT INCLUDE:

- Respiratory Infection
- Allergies
- Bronchitis
- Cold and Flu Symptoms
- Skin Problems
- Sinus Problems
- And More!

## GET THE CARE YOU NEED

Teladoc doctors are available 24/7/365 to provide quality care for non-emergency health issues through the convenience of phone or video consults.

# Talk to a doctor anytime!



**MyDrConsult.com**



**1-800-DOC-CONSULT (362-2667)**





## Prescription benefits

# Convenient and affordable medication options.



Welcome to CVS Caremark® – we manage your new prescription benefit plan. We're here to help you get the medication you need and learn how to keep costs low.

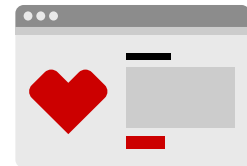
### Make sure you know how to get your medication.

You can pick up your medication at any pharmacy in your network. Some prescription benefits offer delivery by mail, too. Be sure to review your prescription benefit plan to see your options.

### Tap into savings with digital tools.

Save time, keep costs down and stay on top of your prescriptions. Do it all at **Caremark.com** and the CVS Caremark mobile app.

- Find a network pharmacy to keep medication costs as low as possible
- See if a medication is covered to get the most affordable option
- Compare drug costs to see where you can save
- Sign up to get email or text messages about your prescriptions and more
- Request refills and keep track of prescriptions for your family



**Ready to get the most from your benefits?**

Visit **Caremark.com/HelpCenter** for answers to commonly asked questions.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

©2021 CVS Caremark. All rights reserved. 106-51181A 091021

Logo





## Generic medication

# Same quality, better price.



We offer many generic options to help keep your medication as affordable as possible.

### Generic medications work just like brand-name equals.

A generic has the same active ingredients, strength and dosage as its brand-name equal. It provides the same quality and performance. Generics don't have high development costs.<sup>1</sup> That's why they cost you less.

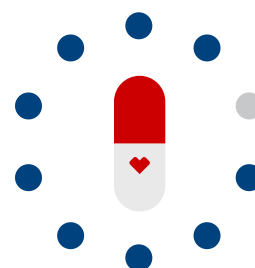
### Generics are safe.

The U.S. Food and Drug Administration (FDA) requires generics to be as safe and effective as brand-name equals. Both types of medication must meet the same FDA standards.<sup>1</sup>

### Here's how to save with generics.

**Current prescriptions:** Ask your provider or pharmacist if you can replace your brand-name medication with a generic.

**New prescriptions:** Ask your provider if there's a generic option.



**Nearly 9 out of 10**  
CVS Caremark®  
prescriptions are  
for generics<sup>2</sup>

For savings opportunities and personalized support,  
visit **Caremark.com** (after your benefits begin).

<sup>1</sup> <https://www.fda.gov/drugs/buying-using-medicine-safely/generic-drugs>.

<sup>2</sup> CVS Health Book of Business, Funded Clients, January – June 2019. Provided by Enterprise Analytics, November 2019.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

©2021 CVS Caremark. All rights reserved. 106-42431C 101421

Logo



CVS Specialty®

# More than medication.

CVS Specialty provides specialized care and support along with your medication for complex conditions (such as rheumatoid arthritis, multiple sclerosis, HIV and cancer).

## A team of pharmacists and nurses specially trained in your condition.

We give you a CVS Specialty CareTeam led by pharmacists and nurses to support you 365 days a year. We'll show you how to take your medication correctly, help you manage side effects and stay on track. We also provide helpful resources at [CVSspecialty.com/EducationCenter](https://CVSspecialty.com/EducationCenter).

## A choice of pick up at CVS Pharmacy® or home delivery at no extra cost.

We make it as easy as possible to get the medication you need, where you need it. You can have your medication delivered anywhere nationwide, even if you're on vacation. Or you can pick it up at any CVS Pharmacy location.\*

## Digital tools let you manage your prescriptions on your own time.

We make it easy to manage your medications and stay on track at [CVSspecialty.com/go](https://CVSspecialty.com/go) or with our mobile app.



## What's a specialty pharmacy?

It's a pharmacy that provides specialized medication for complex conditions or medication requiring injections or infusions.

\*Where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

©2021 CVS Caremark. All rights reserved. 75-52267A 091021

Logo





Rx Delivery by Mail

# Convenience, savings and safety.

Why get your Rx delivered by mail? Not only is delivery by mail a safe and secure way to get the medications you take regularly (like medication for asthma or high blood pressure) — you'll probably save money, too.

## Want more convenience?

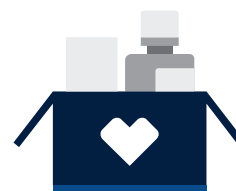
With delivery, you have one less thing to worry about. Your 90-day supplies will arrive at your door from CVS Caremark® Mail Service Pharmacy.

## Like to save?

Filling your Rx in 90-day supplies usually comes with savings. Plus, there's no extra cost for shipping.

## Looking to stay safe?

Contactless delivery keeps you and your loved ones safe. And our secure, nondescript packaging protects your privacy.



**90-day supplies  
typically cost  
less than 30-day  
supplies.**

Start Rx Delivery by Mail at **Caremark.com/RxDelivery**  
(after your benefits begin).

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

©2021 CVS Caremark. All rights reserved. 106-50571A 091021

Logo



Mobile app

# Manage your Rx on your own time.



We make it easy to keep track of your Rx, check for savings and more from your mobile device.

Our mobile app gives you a secure, simple way to manage your prescription benefits and member information. You'll find easy-to-use tools that help you save time, get organized and stay on your path to better health. Find a nearby pharmacy no matter where you are. Learn about your medication and get information you can trust day or night. Do all this – and much more – at your convenience.

**Keep an eye on drug costs** and check for lower-cost alternatives that may save you money.

**Order and track refills** – even get timely refill reminders – so you never miss a dose.

**Stay on top of order status** so you know when to pick up your medication or watch for delivery by mail.

**Access your Rx list**, member ID cards and Rx history at your doctor's office or anytime you need them.

For savings opportunities and personalized support, visit **Caremark.com** (after your benefits begin).

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

©2021 CVS Caremark. All rights reserved. 106-50181A 091021

Logo



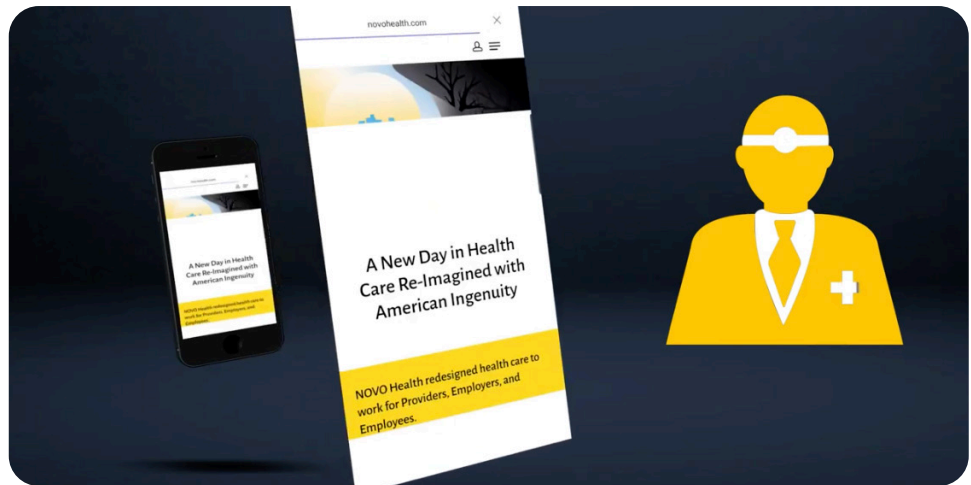
## NOVO HEALTH VIDEOS

NOVO Health educational videos at your fingertips.



### SHARED SAVINGS

Depending on plan design, your employer may offer you a bonus or pay the full cost of your bundled care.

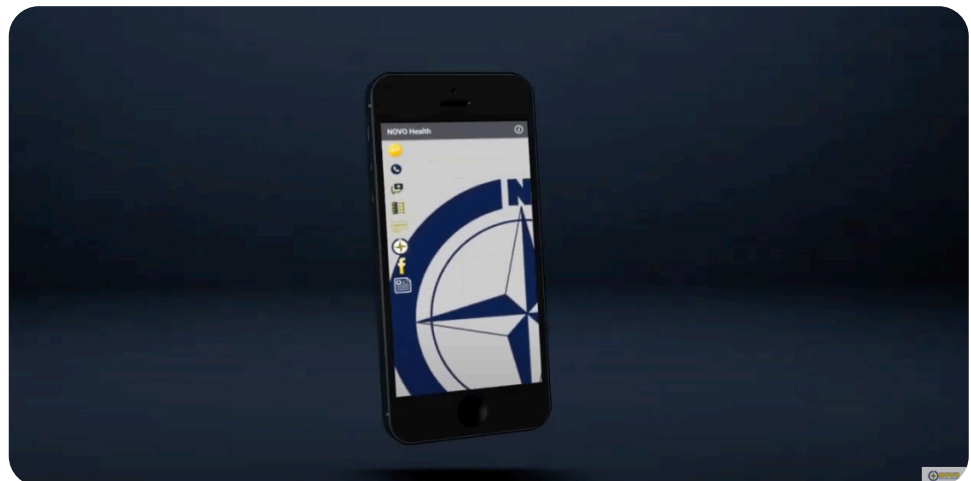


<https://youtu.be/ZCymPdmLP4c>



### CARE NAVIGATION

One point of contact makes it easy, call 883-361-6686



<https://youtu.be/QdhEZF50B-k>



833.361.6686 | [novohealth.com](http://novohealth.com)



"I had great results and earned an incentive to go to someone who's at the top of his field. Now I'm able to take the vacation that wasn't even an option a year ago."

*Becky Patt, Patient*



### A SINGLE BILL FOR BUNDLED SERVICES

- Cardiology
- Podiatry
- Orthopedics
- Spine
- Plastic Surgery
- Women's Care

*Go to the NOVO Health app or [novohealth.com](http://novohealth.com) to see a complete list of procedures, or check with your HR Department for details about your company's plan.*



### EARN an INCENTIVE by CHOOSING a NOVO HEALTH PROVIDER

100+ procedures are bundled and eligible for an incentive.\*

*\*Depending on plan design*



### ONE CALL or TOUCH CONNECTS YOU TO CARE NAVIGATION

Call **833.361.6686** or use our app to connect.

*Care Navigation ensures a seamless experience.*



Appointments available within 48\* hours

*\*when medically appropriate.*



Scan to download our app. Also available from the App Store & Google Play



## Orthopedic/Spine Procedures & Incentives

Achilles Repair	\$750	Manipulation of Shoulder Joint	\$500
ACL Repair	\$1,000	Nerve Root Decompression	\$1,000
Ankle Fusion	\$1,000	Partial Knee Replacement	\$1,500
Anterior/Posterior Lumbar Fusion	\$2,000	Partial Shoulder Replacement	\$1,500
Bunionectomy	\$500	PCL Repair	\$1,000
Carpal Tunnel Release	\$500	Removal of Knee Cyst	\$500
Cervical Fusion	\$2,000	Removal of Kneecap Bursa	\$500
Cheilectomy/Hallux Rigidus	\$500	Removal of Support Implant	\$500
Diagnostic Knee Scope	\$500	Rotator Cuff Repair	\$1,000
Disc Arthroplasty	\$2,000	Shoulder Arthroscopy	\$750/\$1000
Discectomy	\$1,000	Shoulder Biceps Tendon Repair	\$750
Elbow Biceps Tendon Repair	\$750	SI Joint Injection	\$250
Elbow Tenotomy (Tennis Elbow)	\$750	Stimulator Implant	\$2,000
Epidural Injection	\$250	Stimulator Trial	\$1,000
Facet Injection	\$250	Toe Joint Fusion	\$750
Hammertoe	\$500	Total Ankle Replacement	\$2,000
Hip Arthroscopy/Shaving	\$750	Total Hip Replacement	\$2,000
Knee Arthroscopy	\$500/\$750	Total Knee Replacement	\$2,000
Laminotomy/Laminectomy	\$1,000	Total Shoulder Replacement	\$1,500
Lumbar Fusion	\$2,000	Trigger Finger Release	\$500
Manipulation of Knee Joint	\$500	Ulnar Nerve Transposition	\$500

## Plastic Surgery & Incentives

Blepharoplasty - Upper eyelids (Bilateral)	\$500
Breast Cancer Reconstruction	\$500/\$1,000
Breast Reduction - Bilateral incl. Liposuction	\$1,000

## Women's Care & Incentives

Laparoscopic Excision of	
Endometriosis/Treatment of Ovary	\$1,000
Laparoscopic Hysterectomy	\$1,000
Laparoscopic Hysterectomy w/Burch	\$1,000

## Cardiac Care & Incentives

Carotid Artery Ultrasound	\$100	Holter Monitor	\$100
Echocardiogram	\$100	Mobile Cardiac Telemetry Monit.	\$100
EKG	\$100	Treadmill (Stress Test)	\$100
Event Monitor	\$100		



We are always adding procedures. For the most up-to-date list, please visit our website or app.

Download our app on Google Play or the App Store.







## Orthopedic

### Aspen Orthopedic Specialists

(Milwaukee, Madison area)

- Robby Amiot
- Ryan Kehoe
- Justin Peterson
- Jonathon Printz

### Orthopedic & Sports Institute

(Fox Cities area)

- Kevin Campbell
- David Eggert\*
- Peter Eggert\*
- Gearin Green\*
- David Kuplic
- Robert Limoni
- Brian Lohrbach
- Jay Minorik
- Timothy Mologne\*
- David Ritzow
- Kenneth Schaufelberger

\* Have office hours in Oshkosh

### Sports Medicine Center

(Fox Cities area)

- Etienne Mejia

## Plastic Surgery

### The Center for Aesthetics and Plastic Surgery

(Fox Cities area)

- Todd Van Ye

## Podiatry

### Aspen Orthopedic Specialists

(Milwaukee, Madison area)

- Justin Peterson

### Northeast Wisconsin Foot & Ankle Assoc.

(Fox Cities area)

- Theresa Schinke
- Timothy Tougas

### Orthopedic & Sports Institute

(Fox Cities area)

- Todd Derksen
- Gearin Green

## Spine

### NeuroSpine Center of Wisconsin

(Fox Cities area)

- William Bodemer
- David DeWitt
- Jared Greenberg
- Douglas Hendricks
- J. Talbot Sellers
- Robert Staehler
- Thomas Wascher

### Physiatrists

(Fox Cities area)

- Cason Brown
- Marie Walker

## Women's Care

### The Kaldas Center

(Fox Cities area)

- Rami Kaldas

We are always adding physicians. For the most up-to-date list, please visit our website or app. Download our app on Google Play or the App Store.



NOVO Health providers are independent contractors and not owned or employed by NOVO Health.

Physician List Oshkosh\_20210824

For more information call NOVO Care Navigation @ 833.361.6686 or visit [novohealth.com](https://novohealth.com)

Dear Employee,

Welcome to your **2022** Flexible Spending Plan administered through Auxiant. Your employer has made this benefit available to you as a way to increase your take-home pay and reduce your taxes.

The money that you elect to set aside for your Flexible Spending Plan is automatically deducted from your salary on a pre-tax basis and deposited into your flexible spending account before federal, state and FICA taxes are withheld. ***Total Annual Maximum Election amount allowed for Unreimbursed Medical Expenses is \$2,750.00.***

Included with this letter is the following information:

- Frequently Asked Questions
- Eligible Expenses for Reimbursement under Flexible Spending
- Flexible Spending Enrollment Form
- Flexible Spending Claim form
- Dependent Childcare Annual Request Form
- How Flexible Spending Compensation Can Work
- Flexible Spending Employee Worksheet
- Direct Deposit Form

Should you have any questions, please feel free to contact Auxiant at

P.O. Box 75008  
Cedar Rapids, IA 52407-5008  
Attention: Flex Department  
Phone: (319) 398-3283 or (800) 475-2232  
Fax (319) 739-1109

## Frequently Asked Questions & Answers Regarding Flexible Benefits

**Q. What expenses will the flexible reimbursement accounts cover?**

**A.** Each account (dependent care and unreimbursed medical care) has its own list of eligible expenses. A sample list of eligible expenses is included in this packet. The dependent care portion covers expenses that are necessary so you (and your spouse, if you are married) can work. The category of eligible dependents includes children, disabled spouse, and disabled adult dependents. A child must be under age 13 or be disabled to be considered a dependent for tax purposes.

**Only expenses incurred during the current flex plan year are eligible for reimbursement.** Flexible spending is based on dates of service not dates services are paid for. You do not have to pay for services before you can be reimbursement. With the exception of orthodontia services, see below, you only need to incur services and have an out-of-pocket expense to receive reimbursement from your flex account. It is important to remember that any expenses you submit to your flexible spending accounts cannot be itemized on your tax return. You can do one or the other but not both.

**Q. Can I be reimbursed for Orthodontia fees all at once if I pay the entire amount to the orthodontist up front?**

**A.** Orthodontia, unlike other FSA expenses are deemed incurred when paid. Therefore, only payments made during the current plan year are reimbursable. Proof of payment to an orthodontic provider is required for reimbursement. Payments made toward orthodontia in a previous plan year or before your eligibility period are not reimbursable. This rule provides for two options for reimbursement. If a participant pays a lump sum up front then that payment can be reimbursed in full (provided the lump sum is paid during the same plan year from which reimbursement is requested and while the participant was covered under the plan). Second, participants that do not pay up front and opt for monthly payments can be reimbursed as those monthly payments are made (provided the monthly payment is paid during the same plan year from which reimbursement is requested and while the participant was covered under the plan). Again, **proof of payment is required.**



## Frequently Asked Questions & Answers Regarding Flexible Benefits

**Q. How do I submit my expenses for reimbursement?**

**A.** There are several ways to be reimbursed by your flex account. The first is to file a claim online on the Consumer Accounts page of [auxiant.com](http://auxiant.com). The second is to use the attached flexible spending account claim form and submit claim information manually. This can be submitted via fax, email (through [Auxiant.com](mailto:Auxiant.com)), or mail. The third way is to enroll in automatic claims rollover. This option is available if you enrolled in the group health plan administered by Auxiant and no members of your household have additional insurance (City of Fond du Lac coverage plus other insurance coverage). **If any member of your household is holding City of Fond du Lac insurance PLUS additional coverage, you cannot enroll in this option.** This option allows unpaid out of pocket expenses to automatically roll into your flex account for reimbursement. Reimbursements would include expense for deductibles, coinsurance, copays, and certain non-covered expenses. If you are interested in signing up for this option make sure to indicate no one in your family has additional insurance coverage and circle the auto rollover option on your flex enrollment form.

**Q. Can checks from the Flexible Spending Account be made payable to the provider of service?**

**A.** Checks/direct deposits for reimbursement are made payable to the individual employee.

**Q. How do I know what my Flexible Spending Account balance is?**

**A.** All flex spending information is available on the [Auxiant.com](http://Auxiant.com) website. You must create an account to log into before the information is accessible. Once in your account go under the AuxiantHealth link then to Consumer Accounts. Under Consumer Accounts you will see your flex information. Information in blue can be clicked on for additional information. Each time you manually submit a claim, you will receive an Explanation of Benefits from Auxiant which shows the election (annual pledge), contributions to date, expenses to date, available contributions, unreimbursed expenses and payments to date.

## **Frequently Asked Questions & Answers Regarding Flexible Benefits**

**Q. What happens to money left in the account at the end of the year?**

**A.** If you are enrolled in the Health Care and Dependent Care Spending Accounts as of the end of the plan year, you are eligible for a 75-day (two-and-a-half month) grace period. The grace period allows you and your dependents (if applicable) to continue incurring Medical Care and Dependent Care Expenses for up to 75 days (two-and-a-half months) following the end of the plan year and to be reimbursed for those expenses with any remaining account balance from the prior plan year. The Medical Care and Dependent Care Expenses that you and your dependents (if applicable) incur during the grace period (as well as those incurred during the plan year) are subject to your Health Care and Dependent Care Spending Accounts timely filing provision. If, at the end of the timely filing deadline there is a balance left in your account from the previous plan year that amount will be forfeited.

**Q. How can I change my salary reduction or benefit levels?**

**A.** You may change your salary reduction on a yearly basis. You may elect new benefit coverages on a yearly basis during the enrollment period. Changes to your salary reduction are not allowed during the year except when one of the following IRS approved status changes occurs:

- Marriage or Divorce
- Birth or Death of a family member
- Loss of employment
- Loss of spouse's employment
- Spouse changes from part-time to full-time employment or from full-time to part-time or takes and unpaid leave of absence
- Significant change in the coverage offered by the spouse's employer that affects the spouse and / or employee

## **Frequently Asked Questions & Answers Regarding Flexible Benefits**

**Q. What happens if I terminate employment during the plan year?**

**A.** You will have an additional period of time (a run out period) after termination to submit claims for reimbursement but all claims must be incurred prior to your termination date. Please see your plan document or contact Auxiant with further questions.

**Q. Can the money designated for Health Care Reimbursement be transferred to Dependent Care Reimbursement (or vice versa)?**

**A.** No, the dollars you designate for each account are not transferable; they must be spent on expenses for the coverage they were designated for originally.

**Q. Are expenses for before-school and/or after-school care eligible under the dependent care account?**

**A.** Yes. If a child under the age of 13 receives before and/or after school care at school, you must separate the cost of the before and/or after school care from the cost of the school.

**Q. Are Insurance Premiums eligible for reimbursement under my unreimbursed medical flex account?**

**A.** No. While your premium/employee contributions for your employer sponsored health plan may be available on a pre-tax basis through your employer's cafeteria plan, insurance premiums (including Medicare premiums) are NOT an eligible expense for you to submit against your unreimbursed medical flex election.

## Flexible Spending-Unreimbursed Medical Plan

### Eligible Qualified Medical Expenses

“Qualified Medical Expenses” under your Flexible Spending Unreimbursed Medical plan are the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body. These expenses include payments for legal medical services rendered by physicians, surgeons, dentists, and other medical practitioners; they include the costs of equipment, supplies, and diagnostic devices needed for these purposes; they also include the amounts you pay for transportation to get medical care. They do not include expenses that are merely beneficial to general health, such as vitamins, gym memberships or a vacation. The complete detail can be found at: <http://www.irs.gov/pub/irs-pdf/p502.pdf> and <http://www.irs.gov/pub/irs-pdf/p969.pdf>. *Expenses for you, your spouse, or any tax dependent (claimed on your tax return) are eligible for reimbursement.*

Below is a list of examples of **Eligible Expenses** to provide some general guidance:

- Acupuncture (if medically necessary)
- Alcoholism Treatment
- Ambulance Hire
- Artificial Limbs
- Artificial Teeth
- Birth Control Pills
- Braces – can be reimbursed on a monthly basis or as payment amount made\*\*\*
- Braille - Books & Magazines
- Car Controls for the Handicapped
- Care for Mentally Handicapped Child
- Chiropractors
- Christian Science Practitioners’ Fees
- Co-Insurance amounts you pay
- Contact Lenses
- Cost of Operations & Related Treatments
- Crutches
- Deductible Medical Coverage Amounts You Pay
- Dental Fees
- Dentures
- Diagnostic Fees
- Drug and Medical Supplies
- Eyeglasses, Including Examination Fee
- Fee of Practical Nurse
- Fees for Healing Services
- Handicapped Person’s Special Schools
- Hearing Devices & Batteries
- Home Improvements Motivated by Medical Considerations
- Hospital Bills
- Hypnosis for Treatment of an Illness
- Insulin
- Laboratory Fees
- Laetrile by Prescription
- Lasik Eye Surgery
- Life Fee to Retirement Home for Medical Care
- Medical Information Plan
- Medically Necessary Expenses that are not covered under your medical plan
- Membership Fees in Association with furnishing Medical Services, Hospitalization & Clinical Care
- Nurses’ Fees (Including Nurses’ Board & Social Security Tax Where Paid by Taxpayer)
- Obstetrical Expenses
- Operations
- Orthodontic Services (on a monthly basis or actual amount paid) \*\*\*
- Orthopedic Shoes by Prescription
- Oxygen and Oxygen Equipment
- Physician Fees
- Physician-Recommended Swimming Pool or Spa Equipment Costs & Maintenance
- Psychiatric Care
- Psychologist Fees
- Mentally Handicapped Persons’ Cost for Special Home
- Routine Physicals & Other Non-Diagnostic Services or Treatments
- Seeing-Eye Dog & Its Upkeep
- Special Diets
- Special Education for the Blind
- Special Plumbing for the Handicapped
- Sterilization Fees
- Surgical Fees
- Telephone, Special for Deaf
- Television Audio Display Equipment for the Deaf
- Therapeutic Care for Drug and Alcohol Addiction
- Therapy Treatments
- Transportation Expenses Primarily in the Rendering of Medical Service, i.e. Mileage to Hospital (\$0.17 per mile) or Cab fare in Obstetrical Cases
- Vitamins by Prescription
- Wheelchair
- Wigs
- X-ray

Examples of over-the-counter (OTC) items that continue to be eligible for unreimbursed medical reimbursement as part of a flexible benefit cafeteria plan:

- Bandages
- Contact lens solution
- Incontinence Supplies
- First Aid Supplies
- Medications
- Menstrual Supplies
- Physical Contraception (i.e. condoms)

Examples of over-the-counter items that **are not eligible** for reimbursement as part of a flexible benefit cafeteria plan without a physician's prescription to treat a specific medical condition include:

- Chapstick or Lip Balm
- Cosmetics
- Cotton Balls
- Deodorant
- Dietary Supplements
- Face Cream or Moisturizers
- Fiber Supplements
- Food Items (Slim fast)
- Hair Removal Treatment and Waxes
- Herbs
- Shaving Creams and Razors
- Teeth Whitening Kits and Powders
- Toothpaste
- Vitamins (taken to improve overall-health)
- Weight Loss drugs for general well being

## **\*\*ORTHODONTIC EXPENSES:**

Orthodontia - Unlike other HCFSAs expenses which are deemed incurred when the services are rendered, orthodontia expenses are deemed incurred when paid. Therefore, only payments made during your eligibility period and plan year may be reimbursed. Proof of payment to an orthodontic provider is required for reimbursement. Payments made toward orthodontia in a previous plan year or before your eligibility period are not reimbursable. This rule provides for two options for reimbursement. If a participant pays a lump sum up front then that payment can be reimbursed in full (provided the lump sum is paid during the same plan year from which reimbursement is requested and while the participant was covered under the plan). Second, participants that do not pay up front and opt for monthly payments can be reimbursed as those monthly payments are made (provided the monthly payment is paid during the same plan year from which reimbursement is requested and while the participant was covered under the plan). Again, **proof of payment is required.**

## FLEXIBLE SPENDING ADMINISTRATION

### How Flexible Spending Works - Sample Cases

#### The Working Couple Raising Children

Pat, 30 and his wife, Nancy, 28, both have jobs outside the home. They have two small children. Pat and Nancy have an annual income of \$48,000. This couple chose to use flexible spending to help pay both their unreimbursed medical/Dental expenses and their child care expenses. The couple saves \$2536.05 annually with flexible spending.

#### The Couple with Grown Children

Steve, 45 and Laura, 42, have two children in college. The couple earns \$54,000 per year. Steve and Laura chose to use flexible spending to pay for both of their unreimbursed medical and dental expenses. With Flexible spending, their take-home pay increased by \$1136.85.

#### The Single Parent

Sarah, 27, is divorced and has two children. She earns \$24000 per year. Her children attend a certified day-care center. Sarah uses Flexible Spending to pay for unreimbursed medical/dental expenses and childcare. Flexible spending increased her take-home pay by \$1958.88.

	Working Couple Raising Children		Working Couple Grown Children		Single Parent	
	Without Flexible Spending	With Flexible Spending	Without Flexible Spending	With Flexible Spending	Without Flexible Spending	With Flexible Spending
Monthly Pay	\$4,000.00		\$4,500.00		\$2,000.00	
Salary Reductions						
Medical/Dental Prem.	\$0.00	\$125.00	\$0.00	\$125.00	\$0.00	\$60.00
Medical/Dental OOP Exp.	\$0.00	\$200.00	\$0.00	\$200.00	\$0.00	\$100.00
Child Care Expenses	\$0.00	\$400.00	\$0.00	\$0.00	\$0.00	\$400.00
Adjusted Gross Pay	\$4,000.00	\$3,275.00	\$4,500.00	\$4,175.00	\$2,000.00	\$1,440.00
Payroll Taxes						
Federal & State	\$860.00	\$704.13	\$967.50	\$897.63	\$430.00	\$309.60
Social Security	\$306.00	\$250.54	\$344.25	\$319.39	\$153.00	\$110.16
Total Taxes	\$1,166.00	\$954.66	\$1,311.75	\$1,217.01	\$583.00	\$419.76
After Tax Pay	\$2,834.00	\$2,320.34	\$3,188.25	\$2,957.99	\$1,417.00	\$1,020.24
After Tax Expenses						
Medical/Dental Prem.	\$125.00	\$0.00	\$125.00	\$0.00	\$60.00	\$0.00
Medical/Dental OOP Exp.	\$200.00	\$0.00	\$200.00	\$0.00	\$100.00	\$0.00
Child Care Expenses	\$400.00	\$0.00	\$0.00	\$0.00	\$400.00	\$0.00
Total Post-Tax Expenses	\$725.00	\$0.00	\$325.00	\$0.00	\$560.00	\$0.00
Net Spendable Income	\$2,109.00	\$2,320.34	\$2,863.25	\$2,957.99	\$857.00	\$1,020.24
<b>ANNUAL DIFFERENCE</b>	<b>\$2,536.05</b>		<b>\$1,136.85</b>		<b>\$1,958.88</b>	

Note: The above is for illustrative purposes only. Projections are based on current laws, using assumed wage amounts and benefit costs. Actual amounts will vary. Costs reimbursed may not be applied toward federal income tax credits or deductions.

If legal or accounting advice is required, consult your personal tax advisor.

**REMEMBER: BE CONSERVATIVE**

## Auxiant.com Consumer Account Page Instructions

When you access your flex and/or HRA information on Auxiant.com, that information will now open on a new window/tab in your browser. You will see a page that shows the status of the flex/HRA plan(s) you are enrolled in.

[Home](#)[Accounts](#)[Tools & Support](#)[Message Center 3](#)

**I Want To:**

[File A Claim](#)

**Accounts**

2021	2020
<div>AVAILABLE</div> <div><a href="#">2021 FSA ?</a> \$314.24</div>	<div>AVAILABLE</div> <div><a href="#">2020 FSA ?</a> \$0.00</div>

You can click on the blue plan name to see additional details or navigate to your account(s) using the Accounts menu at the top of the page.

### Accounts / Claims

**Filter By** [Reset Filters](#)

2019 FSA x

	DATE OF SERVICE	ACCOUNT	MERCHANT/PROVIDER	CLAIM STATUS	AMOUNT
+	07/01/2019	2019 FSA	Dr Ortho	Scheduled Reimbursement	\$50.00
+	03/18/2019	2019 FSA	-	Scheduled Reimbursement	\$5.00
+	03/15/2019	2019 FSA	Dr John Smith	Scheduled Reimbursement	\$15.00
+	02/15/2019	2019 FSA	-	Scheduled Reimbursement	\$40.00


## File A Claim:



To file a claim online, click the “File A Claim” button. You will be required to upload a receipt or EOB using this method. Each claim must be added individually by date of service, member or by flex account type.

## Accounts / File A Claim

**Create Reimbursement** \* Required

Online claims filing is a fast and easy way to file claims. Just click the “File Claim” button next to the account you wish to use and start filing!

Pay From \* Medical 


Pay To \*  Me 


Based on your selection, you will be requesting a Claim Reimbursement.

Cancel Next

## Accounts / File A Claim



**Claim Details** \* Required


Start Date of Service \* mm/dd/yyyy 

End Date of Service mm/dd/yyyy 

Amount \* \$

Provider \*

Category \*  Select a category... 

Type \* Select a type... 

Description



If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.



## Upload a Receipt:

If we need a receipt to verify a claim, it will show under the “Tasks” section of the home page.


**Tasks** 2

 1 receipt(s) needed to approve your claims 

To get your money faster, set up a bank account for direct deposit


Click on the task to see the list of claim(s) that need receipts.

Accounts / Receipts Needed

 Receipts Needed

DATE OF SERVICE	ACCOUNT	MERCHANT / PROVIDER	RECIPIENT	CLAIM AMOUNT	RECEIPT STATUS	ACTIONS
6/18/2020	2020 FSA	Walgreens	Holly Bahr	\$17.00	New Needed	<a href="#">Details</a> <a href="#">Upload</a>

Click the blue Upload button to upload a receipt.

**Upload Receipt(s)** 

Upload options

[Browse for a file](#) on your computer.

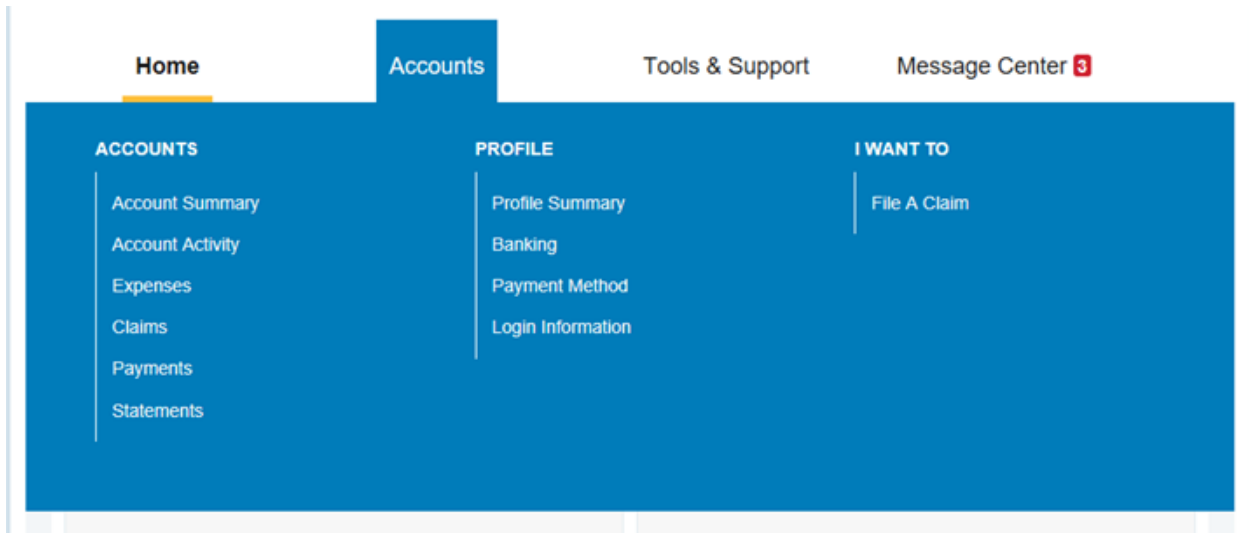
Receipts must be in a JPG, JPEG, GIF, PNG or PDF format and cannot exceed 8 MB. The maximum number of uploaded receipts is 4.

Cancel

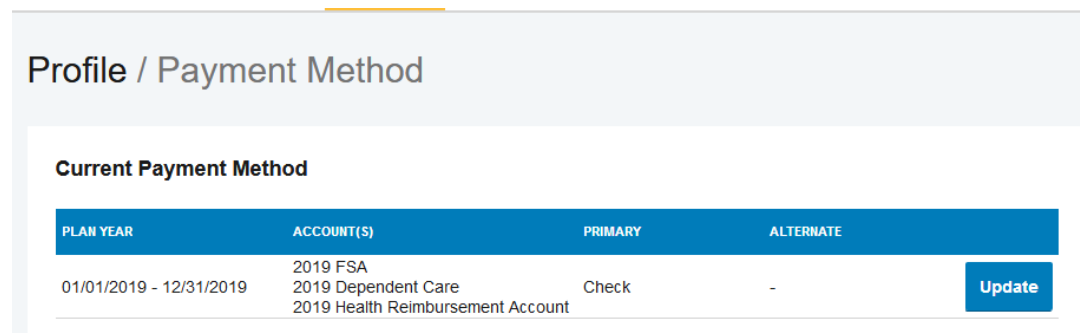
Submit

## Change Reimbursement Method:

By selecting Accounts/Payment Method you can change your preferred reimbursement method.



Your current payment method will show on the screen.



Clicking the “Update” button will allow you to change payment methods as allowed by your employer.

## Payment Method / Update Payment Method

### Primary Payment Method

☐ Benefits Card [View Card](#)

The Debit Card may be used toward qualified purchases at point of sale. Certain purchases may be automatically approved, but many may require substantiation to ensure that the expense is qualified per IRS regulations.

☐ Direct Deposit

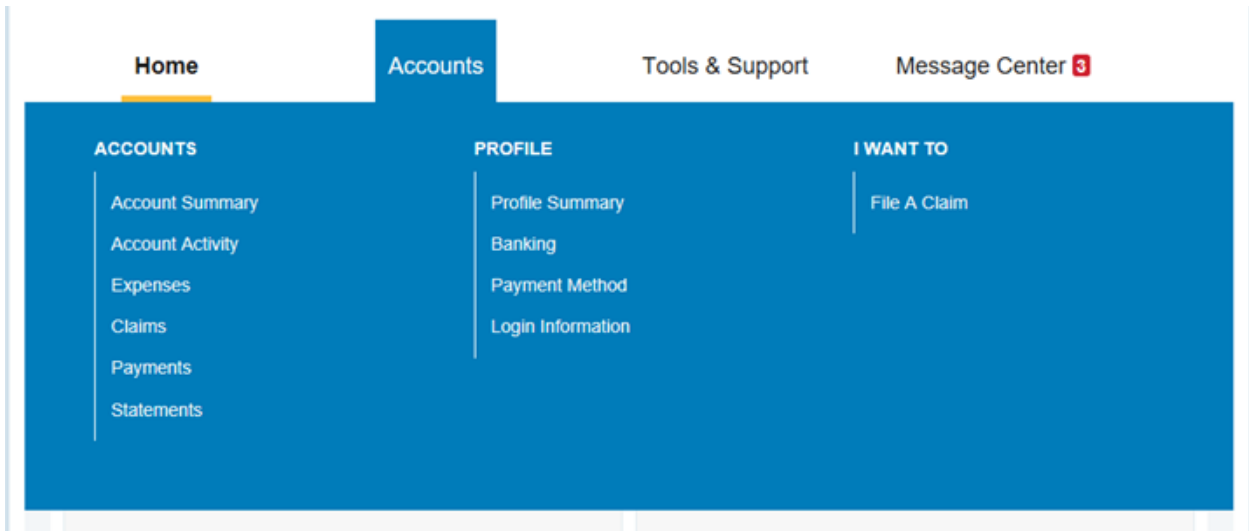
Reimbursement amounts will be deposited to your designated bank account within 2 days of the scheduled reimbursement date. You must provide a form and verification of your account number (e.g. voided check) for direct deposit

☒ Check

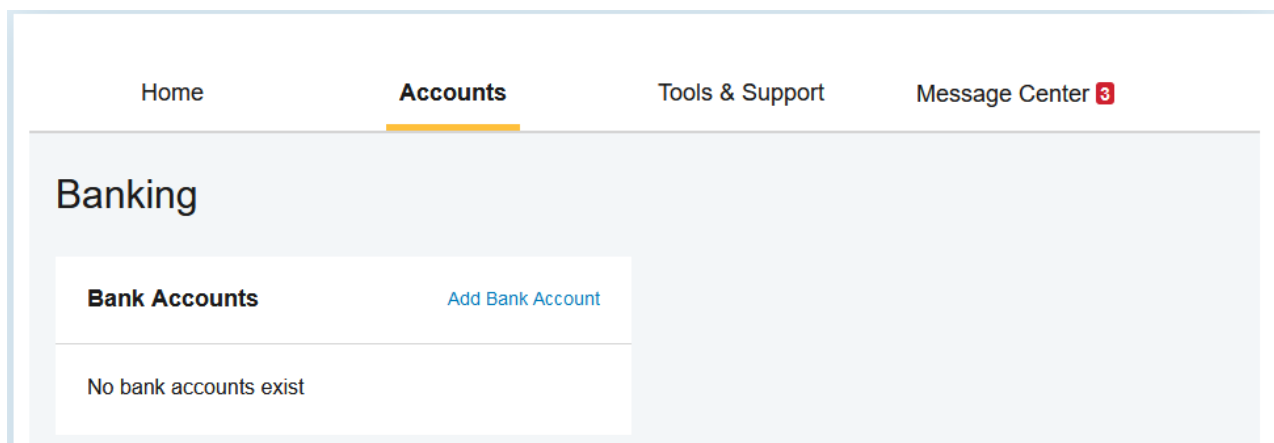
Reimbursement checks will be sent to your home on the scheduled reimbursement date.

### Change Banking Information:

By selecting Accounts/Banking you can add a bank account for direct deposit reimbursement if allowed by your employer.



The click Add Bank Account



City of Fond du Lac

Auxiant®

Independent Solutions > Real Results

FLEXIBLE BENEFIT CAFETERIA PLAN (SECTION 125)

Enrollment Agreement/Affidavit

ENROLLMENT INFORMATION: Expense Period – January 1, 2022 through December 31, 2022

Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Hire \_\_\_\_\_ Date of Eligibility \_\_\_\_\_ Pay Cycle: **B**  
Bi-weekly

By enrolling, I understand that:

1. If at the end of the expense period, the total declared reduction in compensation exceeds the substantiated expenses, the IRS requires that any unused amount become the property of the employer and may not be paid to me in cash or used to provide benefits in a later plan year.
2. I can no longer deduct these expenses from my individual State and Federal income tax returns since they will be paid with non-taxed income.
3. I cannot change or revoke this compensation redirection agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse or such other events as the Plan Administrator determines will permit a change or revocation of an election).
4. The Plan Administrator will deduct any additional premium during the plan year if my fixed premium amounts increase.
5. The Plan Administrator may reduce or cancel my compensation redirection or otherwise modify this agreement in the event it is believed advisable in order to satisfy certain provisions of the Internal Revenue Service Code.
6. This reduction in my taxable wage base will reduce my wages for Social Security purposes and may reduce Social Security benefits to be paid at death, retirement, or disability. I agree to hold harmless the Administrator and its representatives for any loss of Social Security Benefits, which is a result of participation in the Section 125 Plan.
7. **Total Annual Maximum Election amount allowed for Unreimbursed Medical Expenses Plan is \$2,750.00**

**Yes, I want to enroll.** This agreement is subject to the terms of the Plan Document for the above-named Flexible Benefit Cafeteria Plan, in effect and as amended from time to time, shall be governed by and construed in accordance with applicable laws, shall take effect as a sealed instrument under applicable laws, and revokes any prior election and compensation redirection agreement relating to such plan(s). Under penalties or perjury, I certify that I have examined this affidavit and to the best of my knowledge and belief, it is true, correct and complete.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTICIPATION/REDUCTION AMOUNTS:** I hereby authorize **City of Fond du Lac**, hereinafter referred to as the Plan Administrator, to reduce my gross monthly wages on a pre-tax basis by the amounts stated below for the above expense period. Each of the amounts indicated are reimbursable and satisfy the requirements of the Section 125 Flexible Benefit Plan.

**Annual Election Amounts**

A. Unreimbursed Medical \$ \_\_\_\_\_ (Annual Max \$2750)

B. Dependent Care \$ \_\_\_\_\_ (Annual Max \$5000)

*Annual amounts will be broken down by pay period and may be rounded, if necessary.*

**Automatic Rollover Election**

*This option may be elected if City of Fond du Lac is also providing administration for your medical plan. If you elect Automatic Rollover, eligible out of pocket amounts from claims processed under the medical plan will be "rolled over" as an automatic claim under your flex plan. **If anyone in your family has ADDITIONAL insurance, (City of Fond du Lac coverage plus other insurance coverage) automatic rollover cannot be elected. Please note: Claims for dependents over 18 years of age will not automatically rollover and will need to be manually submitted.***

If no one has other insurance, and you have City of Fond du Lac as a Medical Administrator, you have the option to mark "Yes" to Automatic Rollover.

**Do I want Automatic Rollover (circle one, left blank it is an automatic "No"):** Yes No

**No, I don't want to enroll in Flex.** I acknowledge that I have been informed of the above referenced plan. I hereby elect not to participate. I understand that this waiver will remain in effect for the remainder of this plan year, but that I may decide to participate in later plan years by making an election to participate during the election period prior to each plan year.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FLEXIBLE SPENDING ADMINISTRATION

### Dependent Childcare Annual Request Form 2022 For "Standing Request Reimbursement"

#### Employee Information:

Employer \_\_\_\_\_

Employee \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number (\_\_\_\_) \_\_\_\_\_

Eligible Dependents: \_\_\_\_\_  
\_\_\_\_\_

#### Daycare Provider Information:

Name \_\_\_\_\_ Tax ID \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number (\_\_\_\_) \_\_\_\_\_

Standard Fee \$ \_\_\_\_\_ per ☐ Week ☐ Month  
☐ Other\* \_\_\_\_\_  
\*(may require additional information)

Service Effective Date: \_\_\_\_\_ thru \_\_\_\_\_

(Only service dates between **01/01/2022 and 03/15/2023** are eligible for reimbursement during the **2022** plan year.  
This form must be filled out every year in order to receive standing reimbursement.)

Daycare Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

***I certify that the above information is correct. In the event that there are any changes and/or reductions in the above fees, I will notify Auxiant immediately to discontinue automatic reimbursement until such time that I deliver new documentation for my amended Annual Request.***

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: The total amount claimed under the Plan for any coverage period must not exceed the lesser of your earned income for the plan year or the earned income of your spouse. If your spouse is either a full-time student or is incapable of taking care of themselves, then they are deemed to have monthly earnings of \$200 if there is one (1) child or dependent, and \$400 if there are two (2) or more.) No payment may be made under the Plan if the service provider is your dependent for federal income tax purposes or is your child or stepchild and is under age 19.

## Flex Spending Account Claim Form

This request is for reimbursement of:

☐ MARK IF CHANGE OF ADDRESS

- ☐ Medical Care Expenses (Complete parts A, B, and D)  
☐ Dependent Care Expenses (Complete C and D)

Name		Member ID	
Address		City, State Zip	
Employer	City of Fond du Lac	Date Submitted	
E-mail		Phone	

### A. MEDICAL EXPENSE INFORMATION

1. **EXPENSES** (attach bills, statements, or other evidence of these expenses) \*

DATE OF SERVICE	VENDOR NAME:	PATIENT NAME:	TYPE OF SERVICE PROVIDED	AMOUNT
* <b>Canceled check is not sufficient evidence</b>			Total expenses	

2. **TOTAL EXPENSES** = \_\_\_\_\_

### B. SPOUSE AND DEPENDENT INFORMATION \*

(If expenses were for your spouse or dependent)

Name	Date of Birth	Relationship

\* Your spouse is the person to whom you were married at the end of the Calendar year. Your dependents are your child, Step child, parent, other close relative, or a person who lives in your home, if you provide over half of his/her support, and they are claimed as a dependent on your Federal Tax Return.

### C. DEPENDENT CARE (CHILD CARE) INFORMATION

(Required unless provider is non-profit organization)

DEPENDENT NAME**	AGE	DATES OF SERVICE	PROVIDER NAME and ADDRESS	PROVIDER'S TIN or SSN	REQUESTED AMOUNT

Signature of Daycare Provider \_\_\_\_\_

\*\*Care for Dependent Children under the age of 13 are eligible for Dependent Care reimbursement, unless *Special Rules* apply.

### D. MEMBER SIGNATURE REQUIRED

I certify that the expenses listed above qualify for reimbursement and have been incurred by eligible members of my family. These expenses have not been reimbursed by my health care plan or any other health care plan such as my spouse's. Bills, statements or other evidence of these expenses are attached. In claiming reimbursement for dependent care expense, I understand the reimbursements may not exceed the lesser of: (a) \$5,000 if married filing joint return or head of household or \$2,500 if single or married filing separate returns; or (b) your taxable compensation; or (c) your spouse's actual or deemed earned income. I certify that if single or married, (my spouse and I) will not receive reimbursements in excess of allowable limit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send Claims to: **ATTN: Flex Department**  
**AUXIANT, P.O. Box 75008, Cedar Rapids, IA 52407-5008**  
**PHONE: (319) 398-3283 or (800) 475-2232 Fax (319) 739-1109**

## FLEXIBLE SPENDING ADMINISTRATION

### Expense Planning Worksheet

This worksheet will help in determining how much money to put into your Flex Account each pay period.

1. Estimate your un-reimbursed medical costs for:

Health insurance deductibles	\$ _____	Per _____
Co-insurance	\$ _____	per _____
Vision care (eye exams, contacts, glasses)	\$ _____	per _____
Routine exams (OB-GYN, physicals, etc.)	\$ _____	per _____
Travel costs related to medical care	\$ _____	per _____
Prescription drugs (including birth control)	\$ _____	per _____
Wheelchair, crutches, medical appliances	\$ _____	per _____
Other	\$ _____	per _____

2. Estimate your un-reimbursed dental costs for:

Examinations and cleanings	\$ _____	per _____
Braces and retainers*	\$ _____	per _____
Fillings, crowns, and bridges	\$ _____	per _____
Dentures, including replacements	\$ _____	per _____
Implants, inlays, S-rays	\$ _____	per _____
Fluoride treatments	\$ _____	per _____
Other	\$ _____	per _____

\*Ortho in a calendar year=Initial down pymt + monthly adjustments in that year.

3. Estimate your Dependent Care Expenses:

If you are a single parent, or your spouse also works outside the home, how much do you pay for childcare? (Including before and after school care for school-age children). This amount cannot be more than the smallest of:

\$ \_\_\_\_\_ per \_\_\_\_\_

1. Your earned income\*
2. Your spouse's earned income\*
3. \$5,000 (\$2,500 if married filing separately)

Earned income includes wages, salaries tips, other employee compensation and net earnings from self-employment. Earned income also includes strike benefits and any disability pay you report as wages. Earned income does not include pensions or annuities, social security payments, workers' compensation, interest, dividends, or unemployment compensation.

## FLEXIBLE SPENDING ADMINISTRATION

---

### Direct Deposit Form:

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I wish to receive my flexible spending reimbursements by Direct Deposit. I hereby authorize Auxiant to originate electronic credit transactions to my bank, credit union, or savings and loan account indicated below and to credit the same to such account. If necessary, Auxiant may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until Auxiant has received written notification from me of its termination in such time as to afford Auxiant and my bank a reasonable opportunity to act on it.

Bank: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Type:    ☐ Checking        ☐ Savings

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is this a change to a current authorization?    ☐ Yes        ☐ No

Please attach a voided check to this form for verification of routing and account numbers.

Send completed forms to:

Auxiant

Attn: Flexible Spending Department

P.O. Box 75008

Cedar Rapids, IA 52407-5008

  
Independent Solutions > Real Results



# CarePlus Dental Plans



## Plan Designs for City of Fond du Lac

CarePlus benefits are available in network only at one of Dental Associates' 14 clinic locations.

Delta Dental benefits are the same for in-network and out-of-network dentists; however, out-of-network dentists will charge above and beyond Usual & Customary.

**\*Does not duplicate medical coverage (CarePlus)**

**\*\*Cleanings and exams do not apply towards the annual maximum (CarePlus)**

**Missing Tooth Exclusion: None (CarePlus)**

**Waiting Period: None (CarePlus)**

	<u>CarePlus</u>	<u>Delta Dental</u>
<b>ANNUAL MAXIMUM</b>	<b>\$1,250</b>	<b>\$1,000</b>
<b>DEDUCTIBLE</b>	<b>\$0</b>	<b>\$25/\$150</b>
<b>DIAGNOSTIC**</b> Oral Exams, X-rays	<b>100%</b>	<b>100%</b>
<b>PREVENTIVE**</b> Cleanings, Fluoride Treatments, Sealants, Space Maintainers	<b>100%</b>	<b>100%</b>
<b>RESTORATIVE</b> Amalgam & Composite Fillings	<b>100%</b>	<b>100%</b>
<b>CROWNS</b>	<b>90%</b>	<b>80%</b>
<b>PROSTHODONTICS</b> Full and Partial Dentures, Denture Relines and Repair, Fixed Bridgework	<b>90%</b>	<b>80%</b>
<b>ENDODONTICS</b> Root Canals/Therapy	<b>90%</b>	<b>80%</b>
<b>PERIODONTICS*</b> Scaling and Root Planing, Gingivectomy	<b>90%</b>	<b>80%</b>
<b>ORAL SURGERY*</b> Surgical Extractions	<b>90%</b>	<b>50%</b>
<b>IMPLANTS</b>	<b>75%</b>	<b>50%</b>
<b>ORTHODONTICS – To age 19</b>		
Lifetime Maximum	<b>\$1,500</b>	<b>N/A</b>
Benefit	<b>50%</b>	<b>N/A</b>
<b>PREMIUM COST (Monthly)</b>		
Single	<b>\$39.98</b>	<b>\$51.96</b>
Couple (emp + spouse)	<b>\$79.96</b>	<b>\$105.85</b>
Limited Family (emp + child(ren))	<b>\$89.20</b>	<b>\$115.72</b>
Family	<b>\$147.79</b>	<b>\$192.07</b>

**CarePlus**

# Restore the sounds of your life



## Did you know?

**1 in 9** Americans have hearing loss  
And by 2030, that number is expected to **DOUBLE**

Source: asha.org

## What causes hearing loss?

Common causes of hearing loss include exposure to noise, aging, other health conditions, and certain medications.

## When should I get my hearing checked?

Get your hearing checked if you are 55 or older, or are experiencing any of the following:

- **Consistent exposure** to loud noises
- **Difficulty understanding** in noisy environments or in groups
- **Hearing mumbling** or feeling as though people are not speaking clearly
- **Ringling** in your ears

## Your hearing is covered

Delta Dental of Wisconsin has teamed up with Amplifon to offer you quality hearing health care.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Hearing Aid Features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
One Simple Price	\$995	\$1,495	\$1,795	\$2,195	\$2,645
<b>+</b> Complimentary Aftercare*	<b>Risk-free trial</b> – find your right fit by trying your hearing aids for 60 days <b>Follow-up care</b> – ensures a smooth transition to your new hearing aids <b>Battery support</b> – battery supply or charging station to keep you powered <b>Warranty</b> – 3 year coverage for loss, repairs, or damage				

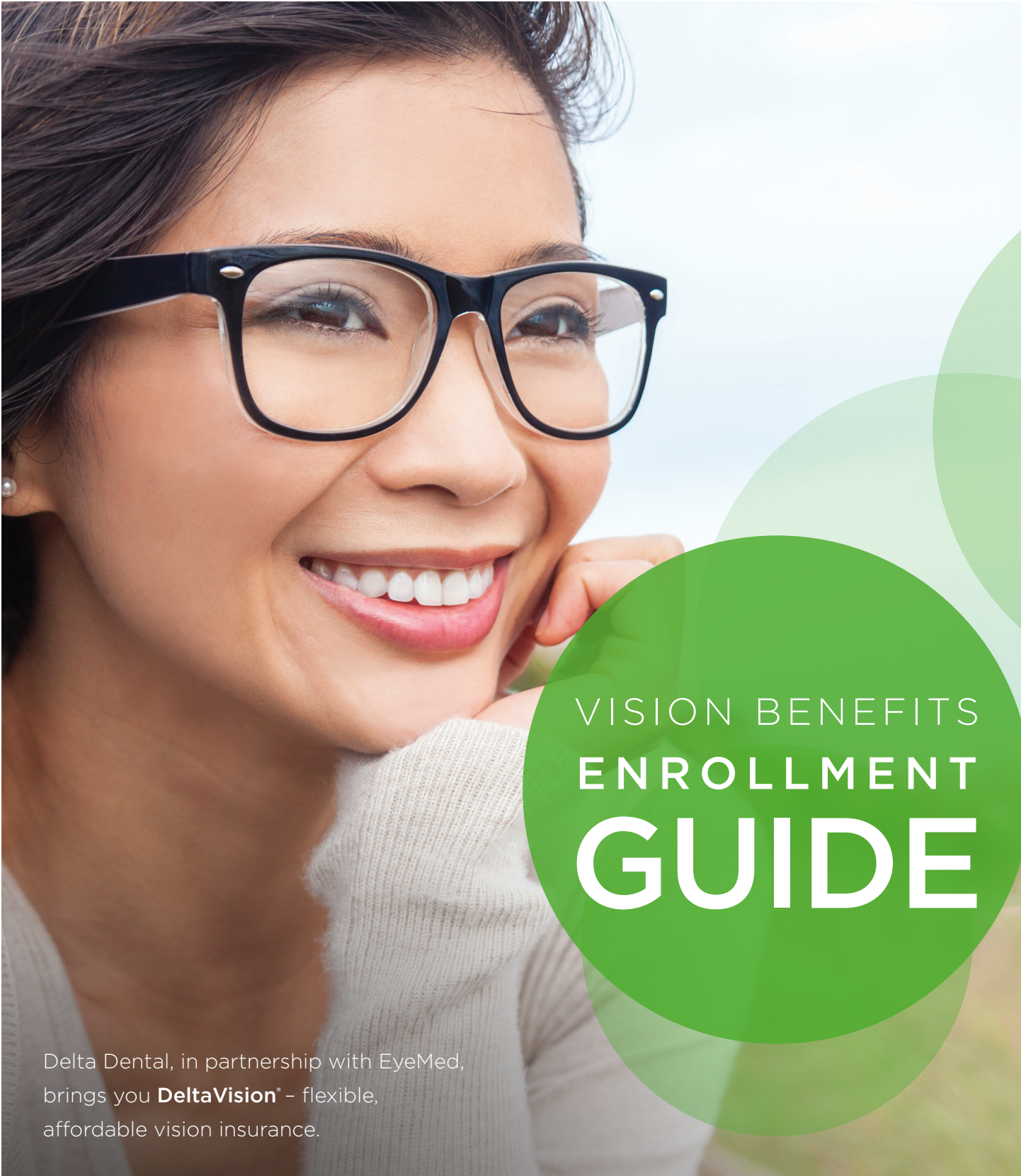
To learn more, visit [www.amplifonusa.com/deltadentalwi](http://www.amplifonusa.com/deltadentalwi) or call 1-888-901-0132.



\***Risk-free trial** - 100% money back guarantee if not completely satisfied, no return or restocking fees. **Follow-up care** - for one year following purchase. **Batteries** - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - Exclusions and limitations may apply. Contact Client Services (1-844-267-5436) for details.

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Wisconsin and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

©2021 Amplifon Hearing Health Care, Corp. | 3309MEMR/Delta Dental of Wisconsin



# VISION BENEFITS ENROLLMENT GUIDE

Delta Dental, in partnership with EyeMed,  
brings you **DeltaVision®** – flexible,  
affordable vision insurance.

# Why You Need Vision Insurance

Vision disorders are the second most prevalent health condition in the U.S., yet healthy vision couldn't be more important. That's why Delta Dental of Wisconsin is happy to bring you vision benefits that offer more flexibility, choice, and savings – so that it's easy for you to access the vision care and services you need.



## Protect your health

Nearly 30 million people require vision correction yet don't use glasses or contacts.



## Protect your family

Up to 25% of school-age children may have vision problems. Children need to see well to learn well.

## Immediate savings

See how much you'd pay without vision insurance for an exam and eyeglasses\*\*... and how much you can save (based on a plan with a \$130 frame allowance with 20% off balance of frames, and \$0 exam/copayment).

Service/Material	Average Retail Cost	DeltaVision Covers	Member Out-of-Pocket Costs
Exams*	\$84	\$84	\$0
Frames (\$130 allowance with 20% off balance of frames)	\$158	\$130 + \$5.60	\$22.40
Eyeglass Lenses Single-Vision**	\$79	\$79	\$0
Lens Options – UV Coating	\$14	\$0	\$14
Standard Scratch Resistance	\$21	\$6	\$15
Anti-Reflective Coating	\$87	\$42	\$45
<b>TOTAL</b>	<b>\$443</b>	<b>\$346.60</b>	<b>\$96.40</b>

*\*Not all plans include exam coverage. Refer to Your Vision Benefits to see if your plan includes exam coverage. Other plan designs or options may produce different out-of-pocket amounts.*

*\*\*Contact lenses may be selected in lieu of eyeglass lenses.*



# Vision Savings Example

The difference vision insurance can make:

## Kate and Jack

Here is an example of how DeltaVision insurance can save you money.

Kate has vision insurance through DeltaVision. She recently visited her ophthalmologist for her annual eye exam and chose a new pair of scratch-resistant eyeglasses. Using the chart shown on the previous page, Kate paid approximately \$38.

Unfortunately, Jack doesn't have vision insurance. He also visited his ophthalmologist for an annual eye exam and needed new eyeglasses. He had to pay \$342 out-of-pocket.

Kate's out-of-pocket costs:

**\$38**

Jack's out-of-pocket costs:

**\$342**



# How DeltaVision Provides You Value

Save hundreds of dollars on frames, lenses, and lens options.

Through our partnership with EyeMed, DeltaVision can help you and your family save money and maintain good vision. DeltaVision's coverage for contact lenses and glasses, and discounts for services like laser vision correction, help you take care of your eyesight for less.

With easy enrollment and plenty of provider choices, DeltaVision delivers the best value in vision care – when you want it and where you want it – from a respected leader in vision benefit plans.

## DID YOU KNOW?

**We offer two of the largest vision networks in the nation, and:**

- Thousands of independent providers, top optical retailers, and online options
- A U.S.-based call center with the industry's longest customer service hours
- Choice of any brand of frames



### Greater convenience

With a mix of independent providers, national retail chains, and online options, DeltaVision members have the greatest night and weekend access of any vision plan.



### Bigger savings

Even after you receive your savings on your first pair of corrective eyewear, you can still save 40% off a second pair of glasses, 15% off contact lenses, and 20% off all products that the plan doesn't cover.



### Freedom of choice

DeltaVision members can select from any frame option in the store, any lens, or any contact lens without limitations.

**Save at thousands of providers nationwide**



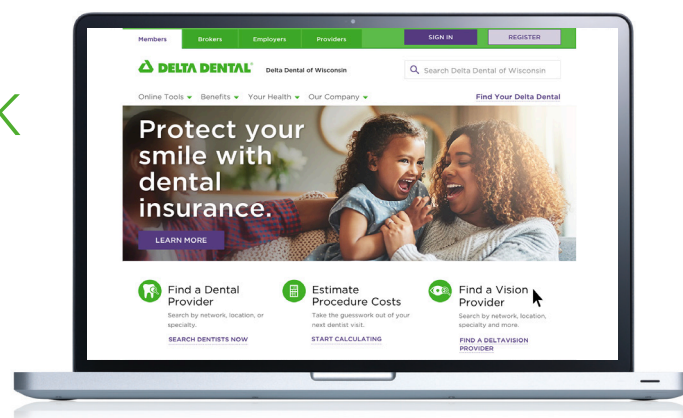
# Finding a Network Vision Provider

We're proud to work with EyeMed® Vision Care as the network provider for Delta Dental members who are enrolled in either a DeltaVision® plan or in Delta Dental's vision discount program.

The EyeMed Access, Select, and Insight networks supporting our members are among the nation's largest provider networks, featuring popular retail chains and many small independent doctors as well.

## on the web

- Go to [www.deltadentalwi.com](http://www.deltadentalwi.com) and select "Find A Vision Provider."
- Choose the "Search EyeMed Access Network," "Search EyeMed Select Network," or "Search EyeMed Insight Network" link. Your provider network will be listed on your ID card.
- Enter your ZIP code on the EyeMed Provider Locator screen, then click "Get Results."
- Providers in your network will appear sorted by distance from your ZIP code. You can further narrow your search by using the Filter Search Results options.



## by phone

You can also receive provider information by calling EyeMed's award-winning, U.S.-based Customer Care Center at **844-848-7090**.

Your provider network (Access, Select, or Insight) will be listed on your ID card.

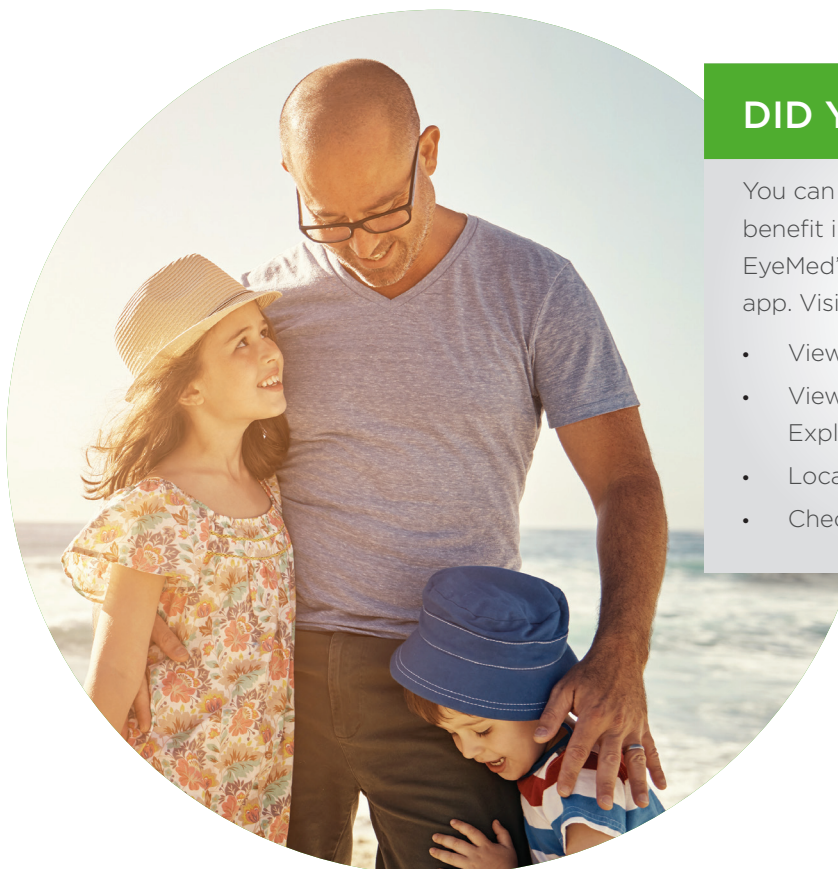
## mobile app

EyeMed's free mobile app is available for iOS devices. Log in to iTunes or the App Store and search for "EyeMed Members". Use the secure app to access:

- Network providers (including driving directions to their location)
- Electronic ID card
- Current in-network benefits and eligibility
- EyeMed FAQ

# Start Saving With DeltaVision

Focus on the importance of vision benefits.



## DID YOU KNOW?

You can access your vision benefit information 24/7 via EyeMed's website and mobile app. Visit [eyemed.com](http://eyemed.com) to:

- View benefits
- View/print your Explanation of Benefits
- Locate a provider
- Check claim status



### How do I contact customer service?

Call our dedicated phone number at **844-848-7090**  
Monday - Saturday  
6:30 a.m. - 10 p.m. (CST),  
Sunday 10 a.m. - 7 p.m. (CST).



### When will I receive my ID card?

We try to mail benefit cards within a week of receiving enrollment paperwork (but the card is not required to receive benefits). You may also view your ID card on EyeMed's website or app.



### Are there any waiting periods?

Unless otherwise specified, there are no waiting periods before you can obtain benefits.





Delta Dental of Wisconsin  
2801 Hoover Road  
P.O. Box 828  
Stevens Point, WI 54481  
800-236-3713



[www.deltadentalwi.com](http://www.deltadentalwi.com)

BR212A-1911

# YOUR VISION BENEFITS

Prepared for the employees of City of Fond du Lac

The summary below does not cover all plan details. Further information can be found in the vision benefit handbook, which provides a thorough explanation of your vision plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

## DeltaVision® Full Plan

<b>Network</b>	Insight
<b>Frame/Contact Allowance</b>	\$150/\$150
<b>Copay (exams/standard plastic lenses)</b>	\$10/\$10
<b>Frequency (exams/lenses or contacts/frames)</b> Based on calendar year	12 months/12 months/24 months
<b>Dependent Age Limit</b>	To age 26

## Benefit Details

	Network Benefit	Out-of-Network Reimbursement
<b>Comprehensive Glasses Exam</b>	Member pays \$10, plan pays balance	\$35
<b>Retinal Imaging</b>	Member pays up to \$39	None
<b>Standard Contact Lens* Fit and Follow-Up</b>	Member pays up to \$40	None
<b>Premium Contact Lens** Fit and Follow-Up</b>	10% discount off retail	None
<b>Frames</b> ( <i>any available frame at provider location</i> )	\$150 allowance, then 20% off balance	\$75
<b>Laser Vision Correction</b> ( <i>Lasik or PRK</i> )	15% off retail price or 5% off promotional price	None

Includes Diabetic Eye Care Benefits that provide an additional office visit and diagnostic testing for those who have diabetes.

## Standard Plastic Lenses

Single Vision	Member pays \$10, plan pays balance	\$25
Bifocal	Member pays \$10, plan pays balance	\$40
Trifocal	Member pays \$10, plan pays balance	\$55
Standard Progressive	Member pays \$75	\$40
Premium Progressive	See next page for benefit details	

## Lens Options

UV Coating	Member pays \$15	None
Tint ( <i>solid and gradient</i> )	Member pays \$15	None
Standard Scratch Resistance	Member pays \$15	None
Standard Polycarbonate	Member pays \$40	None
Standard Anti-Reflective Coating	Member pays \$45	None
Premium Anti-Reflective Coating	See next page for benefit details	
Other Add-Ons and Services	20% off retail	None

\*Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear (removed prior to sleep) mode only.

\*\*Includes all lens powers and designs other than spherical powers (i.e. toric, multifocal, etc.), modes of wear that are extended or overnight schedules, and rigid or gas-permeable materials.

Benefit Details (continued)	Network Benefit	Out-of-Network Reimbursement
<b>Contact Lenses – In lieu of glasses (Contact lens allowance covers materials only)</b>		
Conventional	\$150 allowance, then 15% off balance	\$120
Disposable	\$150 allowance	\$120
Medically Necessary***	Paid in full	\$200
<b>Premium Progressive Lens</b>		
Tier 1	\$95 copay	\$60
Tier 2	\$105 copay	\$60
Tier 3	\$120 copay	\$60
Tier 4	\$75 copay, 80% of charge less \$120 allowance	\$60
<b>Premium Anti-Reflective Coating</b>		
Tier 1	\$57	None
Tier 2	\$68	None
Tier 3	80% of charge	None

### Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to an EyeMed® provider's professional services (i.e. exams) or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).
- 15% discount on conventional contact lenses after your plan benefits have been fully used.
- Members can purchase eyeglasses online and apply their in-network eyeglass benefits at [www.glasses.com](http://www.glasses.com), [lenscrafters.com](http://lenscrafters.com), [targetoptical.com](http://targetoptical.com), or [rayban.com](http://rayban.com).
- Members can purchase contact lenses online and apply their in-network contact lenses benefits at [www.contactsdirect.com](http://www.contactsdirect.com).
- Discounts do not apply for benefits provided by other group benefit plans.

### How to Maximize Your DeltaVision Plan

- Use providers participating in your vision plan network; your benefit dollars will go farther at participating providers. For an up-to-date listing of EyeMed providers in your area, visit our website at <https://www.deltadentalwi.com/vision> or call EyeMed's Customer Care Center at 844-848-7090.
- Use your full benefit allowance. Frames and lenses (plastic or contact) each have an annual benefit allowance. **The benefit allowance must be used on a single day purchase; there is no remaining balance if entire allowance is not used after initial purchase.**
- Frequency of benefits: your benefit frequency is based on calendar year. For example, you'll be covered for another pair of glasses as of January 1 of the next calendar year.
- Participating providers may offer promotional pricing on vision materials. You can partake in either the DeltaVision Network Benefit or the promotional price available, but not both. Your provider can help you to determine which is best for you. If you select the promotional pricing you can submit your expenses for Out-of-Network Reimbursement.
- Prescription sunglasses can be purchased with your benefit allowance for frames and plastic lenses.
- A 20% discount may be available on selected brands of non-prescription sunglasses from participating providers — ask your vision provider.
- Premium progressive lenses are more costly than standard progressive lenses. Please discuss your costs for progressive lenses with your vision provider.

\*\*\*Medically necessary contacts require authorization from a vision doctor when some conditions are present. Please contact the plan for more information.

## Plan Limitations/Exclusions

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan.
- Services provided as a result of any worker's compensation law.
- Plano nonprescription lenses and nonprescription sunglasses (except for 20% discount).
- Aniseikonic lenses.
- Services or materials provided by any other group benefit providing vision care.
- Two pairs of glasses in lieu of bifocals.
- Lost or broken materials are not covered.

DeltaVision is offered through Wyssta Insurance Company, a wholly-owned subsidiary of Delta Dental of Wisconsin, in conjunction with EyeMed Vision Care.

## INSTRUCTIONS

- 1) View the Open Enrollment e-Binder or find general benefit information online at: [www.fdl.wi.gov/hr/employee-resources/benefits](http://www.fdl.wi.gov/hr/employee-resources/benefits) Reach out to Human Resources with any questions.
- 2) Complete the 2022 Open Enrollment Election form IN FULL. This includes complete employee information, all election information that applies to you, full dependent information, and all necessary signatures. Any missing information will result in the form being returned to you. Please note that the deadline is 11/26/2021.

## 2022 HIGHLIGHTS

There are no major changes to benefits for the upcoming plan year, 2022.

**Summary of Benefits & Coverage.** Monthly premium rates are included. Please complete and return the enrollment form even if waiving this benefit. You will need to complete all dependent information to ensure coverages even if this was the same in years prior.

Additional things to know:

- If you have a dependent reaching age 26 who is enrolled in the health plan, coverage for that dependent will end on the last day of the month in which s/he turns 26. Your dependent will then be sent COBRA information by Auxiant. If your dependent is unmarried and incapable of self-sustaining employment by reason of Developmental Disability or physical handicap, primarily dependent upon the participant for support and maintenance, they may remain on the plan as your dependent even above the limiting age.

## Flexible Spending

This plan allows pre-tax dollars to be used for certain medical or dependent care expenses in accordance with IRS rules. Because it is a "use it or lose it" plan, those eligible expenses should be estimated conservatively. The maximum amount allowed by law for

**Healthcare Flex in 2022 is \$2,750.** The maximum for **Dependent Care Flex is \$5,000.** There is more information about Flexible Spending included in this packet and on the City's website. Please complete and return the enrollment form even if waiving this benefit.

## Other Features

Our health plan includes the option of using **NOVO Health, and/or Teledoc.** More information on all of these features is in this packet and on the City's website.

## 2022 MONTHLY PREMIUMS

<u>Health Insurance</u>		<u>Single</u>	<u>Family</u>	
General Full-Time		\$127 HRA / \$159 No HRA	\$331 HRA / \$413 No HRA	
General Part-Time		\$127 HRA / \$159 No HRA	\$1,398 HRA / \$1,430 No HRA	
Police Local/Supervisors		\$90 HRA / \$150 No HRA	\$275 HRA / \$394 No HRA	
Fire Local/Supervisors		\$115 HRA / \$159 No HRA	\$300 HRA / \$413 No HRA	
Transit Full-Time		\$115 HRA / \$159 No HRA	\$300 HRA / \$413 No HRA	
Transit Part-Time		\$115 HRA / \$159 No HRA	\$1,386 HRA / \$1,430 No HRA	
<u>Dental Insurance</u>	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
Care Plus	\$39.98	\$79.96	\$89.20	\$147.79
Delta Dental	\$51.96	\$105.85	\$115.72	\$192.07
<u>Vision Insurance</u>	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
DeltaVision	\$6.43	\$12.83	\$13.13	\$19.56
DeltaVision	\$6.24	\$12.48	\$12.74	\$18.98
<i>*discount w/ Delta Dental</i>				

City of Fond du Lac  
2022 OPEN ENROLLMENT

**ELECTIONS DUE BY 11/26/21**

The 2022 Open Enrollment period will extend October 28 – November 26, 2021. Please complete the elections below for health insurance, the flexible benefit cafeteria plan, dental insurance and vision insurance. Find supporting documentation in the Open Enrollment e-Binder or online at: [www.fdl.wi.gov/hr/employee-resources/benefits](http://www.fdl.wi.gov/hr/employee-resources/benefits). Reach out to Human Resources with any questions.

**EMPLOYEE INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Dept./Division: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**A. HEALTH INSURANCE**

- a. Select only one of the following options:

- ☐ I choose to enroll in the **Employee Only** coverage. (Continue to section b)  
☐ I choose to enroll in the **Family** coverage. (Continue to section b)  
☐ I choose to **waive** City of Fond du Lac health insurance coverage. (Continue to section c)

- b. Do you or any family member currently have other health coverage? (If yes, provide information below)

☐ Yes, Single ☐ Yes, Family ☐ No (Continue to section c)

Name of Policy Holder: \_\_\_\_\_ Employer: \_\_\_\_\_  
Insurance Name: \_\_\_\_\_ Plan Number: \_\_\_\_\_

- c. Enrollment signature:

**ENROLLING IN HEALTH INSURANCE COVERAGE**

I hereby apply for coverage and authorize deductions from my earnings for the amount required, if any, to cover all contributions for coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

**WAIVING HEALTH INSURANCE COVERAGE**

I attest that I am declining group health coverage because I am currently enrolled in other group health or insurance coverage. I freely and voluntarily waive all health insurance coverage noted above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. FLEXIBLE BENEFIT CAFETERIA PLAN (SECTION 125)**

- a. Select only one of the following options:

- ☐ I choose to **elect**. (Continue to section b)  
☐ I choose to **waive**. (Continue to section d)

- b. Annual Election Amounts:

Unreimbursed Medical/Dental/Vision: \_\_\_\_\_ (Annual Max \$2,750)  
Dependent Care: \_\_\_\_\_ (Annual Max \$5,000)

**\*For direct deposit, you must complete the form found in the e-Binder or visit the HPS portal.**

- c. Automatic Rollover Election – only allowed if you elect health insurance through the City of Fond du Lac AND nobody in your family has additional insurance. Note: claims for dependents over 18 years of age will not automatically rollover and will need to be manually submitted.

If you elect automatic rollover, the claims that go to HPS can automatically be “rolled over” into your flex plan as an automatic claim under Flex for out-of-pocket amounts: deductibles, copays, coinsurance, etc.

☐ Yes, elect automatic rollover ☐ No, I will submit my claims

d. Enrollment signature:

**ENROLLING IN THE FLEXIBLE BENEFIT CAFETERIA PLAN**

I hereby authorize the City of Fond du Lac to reduce my gross monthly wages on a pre-tax basis by the amounts stated for the expense period (Jan 1, 2022 – March 15, 2023). Each of the amounts indicated are reimbursable and satisfy the requirements of the Section 125 Flexible Benefit Plan.

Signature:

Date:

OR

**WAIVING THE FLEXIBLE BENEFIT CAFETERIA PLAN**

I acknowledge that I have been informed of the above reference plan. I hereby elect not to participate.

Signature:

Date:

C. DENTAL INSURANCE

a. Select only one of the following options:

- ☐ I choose to enroll in the **Employee Only** coverage. *(Continue to section b)*  
☐ I choose to enroll in the **Employee & Spouse** coverage. *(Continue to section b)*  
☐ I choose to enroll in the **Employee & Child(ren)** coverage. *(Continue to section b)*  
☐ I choose to enroll in the **Family** coverage. *(Continue to section b)*  
☐ I choose to **waive** dental insurance coverage. *(Continue to section c)*

b. I want to elect coverage with:

- ☐ Care Plus  
☐ Delta Dental

c. Enrollment signature:

**ENROLLING IN DENTAL INSURANCE COVERAGE**

I accept the insurance provided by my employer's group insurance plan. I authorize deductions from my earnings for the required contributions toward the cost of insurance.

Signature:

Date:

OR

**WAIVING DENTAL INSURANCE COVERAGE**

I freely and voluntarily waive all dental insurance coverage noted above.

Signature:

Date:

D. VISION INSURANCE

a. Select only one of the following options:

- ☐ I choose to enroll in the **Employee Only** coverage.  
☐ I choose to enroll in the **Employee & Spouse** coverage.  
☐ I choose to enroll in the **Employee & Child(ren)** coverage.  
☐ I choose to enroll in the **Family** coverage.  
☐ I choose to **waive** vision insurance coverage.

b. Enrollment signature:

**ENROLLING IN VISION INSURANCE COVERAGE**

I accept the insurance provided by my employer's group insurance plan. I authorize deductions from my earnings for the required contributions toward the cost of insurance.

Signature:

Date:

OR

**WAIVING VISION INSURANCE COVERAGE**

I freely and voluntarily waive all vision insurance coverage noted above.

Signature:

Date:

**DEPENDENT INFORMATION – REQUIRED**Legal Marital Status: ☐ Married ☐ Not Married

				ENROLL IN:			
Name (First & Last)		Social Security Number	M / F	Birth Date (MM/DD/YY)	Health (Y/N)	Dental (Y/N)	Vision (Y/N)
Employee:							
Spouse:							
Child:							
Child:							
Child:							
Child:							
Child:							
Child:							
Child:							
Child:							

**CERTIFICATION INFORMATION**

- A. I certify that all of the above information is true and correct. I understand that elected coverages will not be effective until all questions regarding eligibility for coverage have been satisfactorily resolved. I understand that I may not change the coverage elections that I make until the plan's next open enrollment period or I meet the exceptions allowed under law. (*i.e. qualifying life event*)
- B. I authorize deductions from my earnings for the amounts required, if any, to cover any/all contributions for coverage.
- C. Specific to the Flexible Benefit Cafeteria Plan (Section 125). I understand that:
- If at the end of the expense period, the total declared reduction in compensation exceeds the substantiated expenses, the IRS requires that any unused amount become the property of the employer and may not be paid to me in cash or used to provide benefits in a later plan year.
  - I can no longer deduct these expenses from my individual State and Federal income tax returns since they will be paid with non-taxed income.
  - I cannot change or revoke this compensation redirection agreement at any time during the plan year unless I have changes in family status or the City of Fond du Lac determines I meet the exceptions allowed under law to permit a change or revocation of an election.
  - The City of Fond du Lac will deduct any additional premiums during the plan year if my fixed premium amounts increase.
  - The City of Fond du Lac may reduce or cancel my compensation redirection or otherwise modify this agreement in the event it is believed advisable in order to satisfy certain provisions of the IRS Code.
  - This reduction in my taxable wage base will reduce my wages for Social Security purposes and may reduce Social Security benefits to be paid at death, retirement, or disability. I agree to hold harmless the Administrator and its representatives for any loss of Social Security Benefits, which is a result of participation in the Section 125 Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes the health information practices of City of Fond du Lac Group Benefit Plan (the "Plan") and that of any third party that receives medical information from or for us to assist in providing your medical benefits.

### Our pledge to you:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the "Rule"). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

### How the Plan may use and disclose your medical information:

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to City of Fond du Lac ("Plan Sponsor") for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and third party.

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

For example, the Plan may disclose to your provider that you are eligible for benefits.

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

For example, the Plan may use medical information about you to project future benefits costs.

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

### Your Rights

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: City Attorney/Human Resources Director. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;

## HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date of Notice: January 1, 2013

- is not part of the information which you would be permitted to inspect and copy.

You have the right to request an "accounting of disclosures," where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003.

To request an accounting of disclosures, address your request to the following individual:

City Attorney/Human Resources Director, 160 S Macy St. PO Box 150, Fond du Lac, WI 54936

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: City Attorney/Human Resources Director. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan's use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: City Attorney/Human Resources Director.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at the Plan's website or to obtain a paper copy of this notice, contact the following individual: City Attorney/Human Resources Director.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: City Attorney/Human Resources Director. You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

## ANNUAL NOTICES – NEWBORN'S ACT, WHCRA & HIPAA SPECIAL ENROLLMENT RIGHTS

### Newborn's Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Women's Health and Cancer Rights Act of 1998 (WHCRA)

The Women's Health and Cancer Rights Act of 1998 requires City of Fond du Lac to notify you, as a participant or beneficiary of the City of Fond du Lac health plan, of your rights related to benefits provided through the plan in connection with a mastectomy. You as a participant or beneficiary have rights to coverage to be provided in a manner determined in consultation with your attending physician for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Items 1. and 2. above will be payable under the inpatient surgery benefit, and item 3. will be payable under the prosthetic benefit. For further details on deductible and coinsurance for these benefits, please refer to your Plan Document.

Keep this notice for your records and call Auxiant, at (800) 475-2232 for more information.

### HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 DAYS after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 DAYS after the marriage, birth, adoption, or placement for adoption.

In addition, if you (1) lose eligibility for Medicaid or CHIP coverage or (2) become eligible to participate in a premium assistance program under Medicaid or CHIP, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 DAYS after notification of the loss of Medicaid/CHIP or of the eligibility determination for premium assistance.

To request special enrollment or obtain more information, contact Savannah Mouw Benefits Coordinator at 920-322-3623 or [smouw@fdl.wi.gov](mailto:smouw@fdl.wi.gov).

## CONTINUATION COVERAGE RIGHTS UNDER COBRA

This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;

## CONTINUATION COVERAGE RIGHTS UNDER COBRA

- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: The City of Fond du Lac. Reach out to the Human Resource department for more information.

### How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

#### Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).



## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://flmedicaidtplecovery.com/hipp/">http://flmedicaidtplecovery.com/hipp/</a> Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825



OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.



October 1, 2021

## Important Notice from City of Fond du Lac about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Fond du Lac and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Fond du Lac has determined that the prescription drug coverage offered by City of Fond du Lac Group Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.



SAVE THIS DOCUMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? If you decide to join a Medicare drug plan, your current City of Fond du Lac coverage will be affected. This plan coordinates benefits with Medicare. The City of Fond du Lac provides the following prescription drug benefits:

Prescription Schedule of Benefits – Caremark

By Participating Retail Pharmacy <input type="checkbox"/> Covered Person's Co-pay Amount Generic Products Preferred Brand Product Non-preferred Brand products	For Up To a 34-Day Supply  \$10 \$30 \$60
Retail 90 Rx By Participating Retail Pharmacy <input type="checkbox"/> Covered Person's Co-pay Amount Generic Products Brand Products Non-preferred Brand products	For Up To a 3 Month Supply (at least 84 days)  \$30 \$90 \$180
By Participating Mail Order Pharmacy <input type="checkbox"/> Covered Person's Co-pay Amount Generic Products Brand Products Non-preferred Brand products	For Up To A 90 Day Supply  \$20 \$60 \$120
By Specialty Pharmacy Vendor <input type="checkbox"/> Covered Person's Co-pay Amount Generic Products Brand Products	For Up To A 34-Day Supply  \$10 \$30



SAVE THIS DOCUMENT

By Non-Participating Pharmacy	Use of a Non-Participating Pharmacy, requires payment for the prescription upfront. The covered person can then submit a claim reimbursement form with a receipt to Caremark for reimbursement. Reimbursement for covered prescription products will be based on the lowest contracted amount of a participating pharmacy minus any applicable deductible and/or retail copay shown in this schedule.
-------------------------------	---

If you choose to cancel your City of Fond du Lac health Insurance plan which includes the above prescription drug coverage, you may or may not be able to get the City coverage back at a later date.

#### When Will You Pay a Higher Premium (Penalty) to Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with City of Fond du Lac and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact our office for further information at (920) 322-3623. Note: You will receive this notice each year. You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through City of Fond du Lac changes. You may also request a copy of this notice at any time.



SAVE THIS DOCUMENT

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program
- Call 1-800-Medicare (1-900-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778)

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov) and/or <http://www.badgercareplus.org/pubs/p-10095.htm> Phone: 1-800-362-3002

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: October 1, 2021

Name of Plan Sponsor: City of Fond du Lac

Contact Name: Savannah Mouw – Human Resources

Address: 160 S Macy St

City, State, Zip: Fond du Lac, WI 54935

Phone Number: (920)322-3623